

EXHIBIT 2

RUN DATE: 08/26/20
 RUN TIME: 0430
 RUN USER: HPF.FEED

OU Medical Center ABS **LIVE**
 CODING SUMMARY

PAGE 1

NAME: MILANOVIC,OGNJEN

ACCT#: E99900563616

FORM:

ADM DATE: 08/08/20 1711
 ATTEND PHYS: Zagari Stuppiello,Giselle MD
 DIS DT/TM: 08/08/20 2145
 DIS DISP: Routine Home/Self Care
 LOS: : 1
 PT CLASS: ER.OTH

UNIT#: E002961401
 SEX:
 AGE:
 DOB:
 FIN CLASS: 99
 ABS STATUS: FINAL

DIAGNOSES

POA INDICATOR CODESET

REASON FOR VISIT DX
 M54.2

CERVICALGIA

ICD10

PRIMARY CODESET

PRINC DX S11.93XA PUNCTURE WOUND W/O FOREIGN BODY OF UNSP PART OF NECK, INIT
 OTHER DX R00.0 TACHYCARDIA, UNSPECIFIED
 V89.9XXA PERSON INJURED IN UNSPECIFIED VEHICLE ACCIDENT, INIT ENCNT
 R40.2142 COMA SCALE, EYES OPEN, SPONTANEOUS, EMR
 R40.2242 COMA SCALE, BEST VERBAL RESPONSE, CONFUSED CONVERSATION, EMR
 R40.2362 COMA SCALE, BEST MOTOR RESPONSE, OBEYS COMMANDS, EMR

ICD10
 ICD10
 ICD10
 ICD10
 ICD10

OTHER CODESET

PRINC DX
 OTHER DX

PROCEDURE

PRIMARY CODESET

DATE PROC CODE & NAME

SURGEON

ANESTHESIOLOGIST

OTHER CODESET

PRIMARY CODESET

DRG I-10

OTHER CODESET

DRG I-9

STATUS	\$REIMB	MIN-LOS	STD-LOS	COST WT	GRP VERS	GRP FC
					37	99

DRG STATUS DATE:
 CODER: EMR.GA

ABS STATUS DATE: 08/25/20
 ABTRACTOR: EMR.GA

This form will be maintained as a permanent part of the medical record

OU MEDICAL CENTER

OU Medical Center (Adult) Oklahoma City, Oklahoma

URN: E2296550

Account No. E99900563616		Adm Date 08/08/20	Med Rec No. E002961401
Room/Bed 03T		Adm Time 1711	Fin Class 99
Type REG ER		Loc/Serv E.ERT - ER TRAUMA /	

PATIENT TRAUMA2020,PT2909		SS#: [REDACTED]	Sex: [REDACTED]
Address : [REDACTED]		DOB: [REDACTED]	Age: [REDACTED]
Address2 : [REDACTED]		Mar St: [REDACTED]	Race: [REDACTED]
City/St/Zip: [REDACTED]		Language: English	
Phone : [REDACTED]		Religion: NONE	
Other Phone: [REDACTED]		Legal Status:	
PT EMPLOYER HIGHTLIGHT MOTOR GROUP		EMAIL: NONE	
Address : ONTARIO		Preferred Name:	
City/St/zip: ONTARIO,CA 77777		Gender Identity:	
Phone : 999-999-9999		Occupation: DRIVER	

NEXT OF KIN NONE,NONE		NOTIFY NONE,NONE	
Address : UNK		Address : UNK	
City/St/Zip: [REDACTED]		City/St/Zip: [REDACTED]	
Home Phone : 999-999-9999		Home Phone : 999-999-9999	
Work Phone : 999-999-9999		Work Phone : 999-999-9999	
Relation : OTHER		Relation : OTHER	

GUARANTOR MILANOVICH, OGNJEN		GUAR EMPLOYER HIGHTLIGHT MOTOR GROUP	
Birthdate : [REDACTED] Sex: [REDACTED]		Address : ONTARIO	
Soc Sec # : [REDACTED]		City/St/zip: ONTARIO,CA 77777	
Address : [REDACTED]		Phone : 999-999-9999	
City/St/Zip: [REDACTED]		Occupation : DRIVER	
Phone : [REDACTED]			
Relation : PATIENT			

INSURANCE	POLICY NUMBER	GROUP NO:	SUBSCRIBER
1 MCAID PENDING	77777777	999999	MILANOVICH, OGNJEN
PO BOX 18430			OKLAHOMA CITY OK 73154
2 CHARITY PENDING	777777	999999	MILANOVICH, OGNJEN
10030 N MACARTHUR BLVD			IRVING TX 75063
3 UNINSURED	77777777	999999	MILANOVICH, OGNJEN
PO BOX 639400			IRVING TX 75063
Insured Subscriber (If other than Patient) DOB:		SS#:	

ADM PHYS	ATTEND PHYS
PCP Does Not Know	FAMILY PHYS
REF PHYS Self Referred	ER PHYS Zagari Stuppiello, Giselle MD
Reason for Visit: TRAUMA2020,PT2909 S/P MVC	
Comment: TRAUMA2929,PT2909 MILANOVICH, OGNJEN	

Occurrence	Date	Time	Condition Code	Last Hospitalization
1 01	08/08/20	1500	1	Hospital :
2			2	From Date:
3			3	Thru Date:
4			4	

ACCOUNT # E99900563616	PRE ER : EADM.AM	Reg by : EADM.AM
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EDF

Page 1 of 1

OU MEDICAL CENTER
FACESHEET

Printed on 08/08/20 at 1840

**TRAUMA2020,PT2909**

Acct# E99900563616 MR# E002961401

Loc: E.ERT

DOB: [REDACTED] 08/08/20

Zagari Stuppiello, Giselle MD

OU MEDICAL CENTER (COCFN)
 ED Provider Report
 REPORT#: 0808-0301
 DATE: 08/08/20 Time: 1727

PATIENT: MILANOVIC, OGNJEN UNIT No: E002961401
 ACCOUNT#: E99900563616 ROOM: E.ERT
 REPORT AUTHOR: Zagari Stuppiello, Giselle MD

HPI-Trauma Multiple

General

Suspected COVID-19 patient? No
 Confirmed Patient Yes
 Patient Type New patient
 Initial Greet Date/Time 08/08/20 1718

Presentation

Chief Complaint Neck pain/injury
 Hx Obtained From Paramedic
 Unable to Obtain Hx Patient condition
 Onset Occurred Today
 Symptom Duration Since onset
 Progression since Onset Unchanged

Free Text HPI Notes

Free Text HPI Notes

■■■■ presents to the ED via EMS s/p MVC. EMS reports that the Pt was driving down the Kilpatrick Turnpike and drove off of the road. Upon EMS arrival the Pt was confused, had a wound to his left neck, and did not know where he was. Pt denies any drinking, drug use, or any medications.

Portions of this section were scribed by Demaio, Christian V on 08/08/20 at 1733

Risk-Trauma Multiple

Risk Stratification

Glasgow Coma Score > Age 5

Glasgow Coma Score > Age 5	Response	Value
Eye Opening	Open spontaneously (4)	4
Verbal Response	Confused (4)	4
Motor Response	Obeys commands (6)	6
Total		14

Portions of this section were scribed by Demaio, Christian V on 08/08/20 at 1733

Review of Systems

Patient: MILANOVIC, OGNJEN
Date: 08/08/20

Unit#: E002961401
Acct#: E99900563616

ROS Statements

Unable to Obtain ROS Patient condition

Portions of this section were scribed by Demaio, Christian V on 08/08/20 at 1733

Past Medical History - Adult

Stated Complaint TRAUMA2020, PT2909 S/P MVC

Allergies

Coded Allergies:

No Known Allergies (08/08/20)

Review of Nursing Notes Rev avail, and agree

Unobtainable due to: Patient condition

Portions of this section were scribed by Demaio, Christian V on 08/08/20 at 1733

Physical Exam

Vital Signs

Vital Signs

First Documented:

	Result	Date Time
Pulse Ox	95	08/08 1809
B/P	152/94	08/08 1809
Temp	36.1	08/08 1809
Pulse	138	08/08 1809
Resp	16	08/08 1809

Last Documented:

	Result	Date Time
Pulse Ox	95	08/08 1809
B/P	152/94	08/08 1809
Temp	36.1	08/08 1809
Pulse	138	08/08 1809
Resp	16	08/08 1809

Review of Vital Signs Reviewed

Focused PE

General/Const **

General/Const Awake, Alert, No acute distress

Text/Dict Notes

GCS 14 for confusion

MS Head

Head Atraumatic, Normocephalic

Eyes

Patient: MILANOVIC, OGNJEN
Date: 08/08/20

Unit#: E002961401
Acct#: E99900563616

Eyes Atraumatic, PERRL, EOMI, No nystagmus

Text/Dict Notes

pupils 5mm and reactive

Ears/Nose/Throat

Ears/Nose/Throat Atraumatic, Airway patent, Mucous membranes moist

MS Neck **

Neck Supple, No midline vertebral tend

Text/Dict Notes

zone 2 puncture wound to left anterior neck with oozing red blood

Resp/Chest **

Respiratory/Chest Atraumatic, Breath sounds NL, Breath sounds = bilat

Cardiovascular **

Cardiovascular Regular rhythm, Heart sounds NL, Pulses = bilaterally

Text/Dict Notes

tachycardic

Abdomen/GI **

Abdomen/GI Atraumatic, Soft, Non-tender, No guarding, No rebound

MS Back **

Back Atraumatic, Inspection NL, No midline vertebral tend

MS Upper Extrem

Upper Extremity/MS Atraumatic, Inspection NL, Neurologic intact, Vascular intact

Text/Dict Notes

tremulous

MS Lower Extrem

Lower Ext/Pelvis/MS Atraumatic, Inspection NL, Neurologic intact, Vascular intact

Text/Dict Notes

tremulous

Skin

Skin Color NL, No rash, Warm

Neurologic **

Neurologic Speech NL

Text/Dict Notes

A&Ox2

Psychiatric

Psychiatric Affect NL, Mood NL

Portions of this section were scribed by Demaio,Christian V on 08/08/20 at 1733

Interpretation & Diagnostics

Lab Results Interpretation

Considerations Independ review imaging, Reviewed prior records

Results

Laboratory Tests

08/08/20 1715:

Patient: MILANOVIC, OGNJEN
Date: 08/08/20

Unit#: E002961401
Acct#: E99900563616

7.69 16.1 175
45.7

138 96 L 10
3.4 L 18 L 0.96

Glucose 156 H
Laboratory Tests:

	08/08 1715	08/08 1752
Chemistry		
Sodium (136 - 145 mEq/L)	138	
Potassium (3.5 - 5.1 mEq/L)	3.4 L	
Chloride (97 - 109 mEq/l)	96 L	
Carbon Dioxide (23 - 32 mEq/l)	18 L	
Anion Gap (4 - 14)	24 H	
BUN (7 - 17 mg/dL)	10	
Creatinine (0.7 - 1.1 mg/dL)	0.96	
Est GFR (African Amer) (> 59)	> 59	
Est GFR (Non-Af Amer) (> 59)	> 59	
Glucose (66 - 111 mg/dL)	156 H	
Calcium (8.7 - 10.1 mg/dL)	9.7	
Total Bilirubin (0.3 - 1.2 mg/dL)	1.7 H	
AST (8 - 41 Units/L)	63 H	
ALT (12 - 48 Units/L)	52 H	
Total Alk Phosphatase (63 - 157 Units/L)	98	
Total Protein (6.1 - 7.7 g/dl)	7.2	
Albumin (3.8 - 5.1 g/dL)	4.8	
Albumin/Globulin Ratio (1.0 - 2.2)	2.0	
Amylase (25 - 109 Units/L)	64	
Lipase (9 - 65 Units/L)	42	
Coagulation		
PT (10.0 - 13.0 seconds)	11.4	
INR (Anticoag Therapy) (0.9 - 1.2 Ratio)	1.0	
APTT (26.0 - 37.0 seconds)	24.1 L	
Hematology		
WBC (4.00 - 11.00 K/mm3)	7.69	
RBC (4.50 - 5.90 M/mm3)	4.73	
Hgb (13.0 - 18.0 g/dL)	16.1	
Hct (39.0 - 52.0 %)	45.7	
MCV (80.0 - 99.0 fL)	96.6	
MCH (27.0 - 34.0 pg)	34.0	
MCHC (32.0 - 36.0 g/dL)	35.2	
RDW (11 - 15 %)	12.2	
Plt Count (140 - 440 K/mm3)	175	
MPV (9.3 - 12.2 fL)	10.3	
Gran % (39.0 - 78.0 %)	68.6	
Immature Gran % (Auto) (0 - 0.6 %)	0.3	
Lymph % (Auto) (15.0 - 46.0 %)	20.8	
Mono % (Auto) (2.0 - 14.0 %)	9.6	

Patient: MILANOVIC, OGNJEN
Date: 08/08/20

Unit#: E002961401
Acct#: E99900563616

Eos % (Auto) (0 - 6.0 %)	0.0	
Baso % (Auto) (0 - 2.0 %)	0.7	
Gran # (1.6 - 8.6 K/mm3)	5.28	
Lymph # (Auto) (0.6 - 5.1 K/mm3)	1.60	
Mono # (Auto) (0.1 - 1.5 K/mm3)	0.74	
Eos # (Auto) (0 - 0.7 K/mm3)	0.00	
Baso # (Auto) (0 - 0.2 K/mm3)	0.05	
Immature Gran # (Auto) (0 - 0.06 K/mm3)	0.02	
Urines		
Urine Color (YELLOW)		YELLOW
Urine Appearance (CLEAR)		CLEAR
Urine pH (5.0 - 8.0)		6.0
Ur Specific Gravity (1.007 - 1.030)		1.040 H
Urine Protein (NEGATIVE)		1+ *
Urine Glucose (UA) (NEGATIVE)		NEGATIVE
Urine Ketones (NEGATIVE)		1+ *
Urine Blood (NEGATIVE)		NEGATIVE
Urine Nitrate (NEGATIVE)		NEGATIVE
Urine Bilirubin (NEGATIVE)		NEGATIVE
Urobilinogen Dipstick (< 2 = NORMAL mg/dL)		2.0 *
Ur Leukocyte Esterase (NEGATIVE)		NEGATIVE
Urine RBC (0 - 2 /hpf)		0-2
Urine WBC (0 - 5 /hpf)		0-2
Ur Squamous Epith Cells (VARIABLE /hpf)		0-2
Urine Mucus (/hpf)		LIGHT
Ur Culture Indicated? (NO CULT.IND)		CULT. NOT INDICATED

Microbiology:

Date/Time	Procedure - Status
Source	Growth
08/08 1722	Coronavirus COVID-19 PCR - COMP
Nasopharyn	

Recent Impressions:

RADIOLOGY - RAD PELVIS 1 VIEW 08/08 1724

*** Report Impression - Status: SIGNED Entered: 08/08/2020 2112

Impression:

No radiographic evidence of an acute injury in the pelvis.

Impression By: DR.REBKR - KRISTIN L REBIK, DO 314

RADIOLOGY - RAD CHEST 1 VIEW 08/08 1724

*** Report Impression - Status: SIGNED Entered: 08/08/2020 2112

Impression:

No radiographic evidence of an acute cardiopulmonary process.

Impression By: DR.REBKR - KRISTIN L REBIK, DO 314

Patient: MILANOVIC, OGNJEN
Date: 08/08/20

Unit#: E002961401
Acct#: E99900563616

CT SCAN - CT RECONS THORACIC SPINE 08/08 1730

*** Report Impression - Status: SIGNED Entered: 08/08/2020 2012

IMPRESSION:

No evidence of acute intrathoracic, intra-abdominal or intrapelvic injury.

No evidence of acute injury in the osseous thoracic and lumbar spine.

Partially visualized left neck soft tissue hematoma, please see separately dictated same day CTA neck for further findings.

These findings were discussed with Dr. Farnell of the Trauma Service at 1844 on 8/8/2020.

I have personally viewed the images and/or data and approve the report.

Impression By: DR.REBKR - KRISTIN L REBIK, DO 314

CT SCAN - CT RECONS LUMBAR SPINE 08/08 1730

*** Report Impression - Status: SIGNED Entered: 08/08/2020 2012

IMPRESSION:

No evidence of acute intrathoracic, intra-abdominal or intrapelvic injury.

No evidence of acute injury in the osseous thoracic and lumbar spine.

Partially visualized left neck soft tissue hematoma, please see separately dictated same day CTA neck for further findings.

These findings were discussed with Dr. Farnell of the Trauma Service at 1844 on 8/8/2020.

I have personally viewed the images and/or data and approve the report.

Impression By: DR.REBKR - KRISTIN L REBIK, DO 314

CT SCAN - CT CHEST W CONTRAST 08/08 1730

*** Report Impression - Status: SIGNED Entered: 08/08/2020 2012

IMPRESSION:

No evidence of acute intrathoracic, intra-abdominal or intrapelvic injury.

No evidence of acute injury in the osseous thoracic and lumbar spine.

Patient: MILANOVIC, OGNJEN
Date: 08/08/20

Unit#: E002961401
Acct#: E99900563616

Partially visualized left neck soft tissue hematoma, please see separately dictated same day CTA neck for further findings.

These findings were discussed with Dr. Farnell of the Trauma Service at 1844 on 8/8/2020.

I have personally viewed the images and/or data and approve the report.

Impression By: DR.REBKR - KRISTIN L REBIK, DO 314

CT SCAN - CT NECK ANGIOGRAM 08/08 1730

*** Report Impression - Status: SIGNED Entered: 08/08/2020 2004

Impression:

No acute intracranial process.

No evidence of acute injury in the osseous cervical spine.

No evidence of arterial injury in the neck.

Left neck soft tissue laceration/hematoma without evidence of active bleeding. There is a hyperdense focus measuring approximately 0.4 cm concerning for foreign body.

These findings were discussed with Dr. Jalla of the Trauma Service at 1829 on 8/8/2020.

ATTENDING NOTE:

Punctate hyperdensity along the lateral aspect of the left globe (CT head: 401, 13), may represent a foreign body. Correlate clinically.

Otherwise agree with the above report.

I have personally viewed the images and/or data and approve the report.

Impression By: DR.LALAN - ANJALI LAL, MD 384

CT SCAN - CT ABD AND PELVIS W CONTRAST 08/08 1730

*** Report Impression - Status: SIGNED Entered: 08/08/2020 2012

IMPRESSION:

No evidence of acute intrathoracic, intra-abdominal or intrapelvic injury.

No evidence of acute injury in the osseous thoracic and lumbar spine.

Partially visualized left neck soft tissue hematoma, please see

Patient: MILANOVIC, OGNJEN
Date: 08/08/20

Unit#: E002961401
Acct#: E99900563616

separately dictated same day CTA neck for further findings.

These findings were discussed with Dr. Farnell of the Trauma Service at 1844 on 8/8/2020.

I have personally viewed the images and/or data and approve the report.

Impression By: DR.REBKR - KRISTIN L REBIK, DO 314

CT SCAN - CT C SPINE WO CONTRAST 08/08 1730

*** Report Impression - Status: SIGNED Entered: 08/08/2020 2004

Impression:

No acute intracranial process.

No evidence of acute injury in the osseous cervical spine.

No evidence of arterial injury in the neck.

Left neck soft tissue laceration/hematoma without evidence of active bleeding. There is a hyperdense focus measuring approximately 0.4 cm concerning for foreign body.

These findings were discussed with Dr. Jalla of the Trauma Service at 1829 on 8/8/2020.

ATTENDING NOTE:

Punctate hyperdensity along the lateral aspect of the left globe (CT head: 401, 13), may represent a foreign body. Correlate clinically.

Otherwise agree with the above report.

I have personally viewed the images and/or data and approve the report.

Impression By: DR.LALAN - ANJALI LAL, MD 384

CT SCAN - CT BRAIN WO CONTRAST 08/08 1730

*** Report Impression - Status: SIGNED Entered: 08/08/2020 2004

Impression:

No acute intracranial process.

No evidence of acute injury in the osseous cervical spine.

No evidence of arterial injury in the neck.

Left neck soft tissue laceration/hematoma without evidence of active

Patient: MILANOVIC, OGNJEN
Date: 08/08/20

Unit#: E002961401
Acct#: E99900563616

bleeding. There is a hyperdense focus measuring approximately 0.4 cm concerning for foreign body.

These findings were discussed with Dr. Jalla of the Trauma Service at 1829 on 8/8/2020.

ATTENDING NOTE:

Punctate hyperdensity along the lateral aspect of the left globe (CT head: 401, 13), may represent a foreign body. Correlate clinically.

Otherwise agree with the above report.

I have personally viewed the images and/or data and approve the report.

Impression By: DR.LALAN - ANJALI LAL, MD 384

RADIOLOGY - RAD ANKLE MIN 3 VIEWS RT 08/08 1805

*** Report Impression - Status: SIGNED Entered: 08/08/2020 2119

Impression:

1. No radiographic evidence of an acute injury in the left ankle.
2. In the right foot, there is a small hyperdensity projecting in the soft tissues lateral to the base of the fifth metatarsal, which is of uncertain etiology. Recommend correlation for tenderness at this site.

Impression By: DR.REBKR - KRISTIN L REBIK, DO 314

RADIOLOGY - RAD FOOT MIN 3 VIEWS RT 08/08 1806

*** Report Impression - Status: SIGNED Entered: 08/08/2020 2119

Impression:

1. No radiographic evidence of an acute injury in the left ankle.
2. In the right foot, there is a small hyperdensity projecting in the soft tissues lateral to the base of the fifth metatarsal, which is of uncertain etiology. Recommend correlation for tenderness at this site.

Impression By: DR.REBKR - KRISTIN L REBIK, DO 314

Lab & Imaging Statement

Laboratory & radiographic studies reviewed and considered in the medical decision-making.

Patient: MILANOVIC, OGNJEN
Date: 08/08/20

Unit#: E002961401
Acct#: E99900563616

Portions of this section were scribed by Demaio, Christian V on 08/08/20 at 1733

Re-Evaluation & MDM

Free Text MDM Notes

Additional Text

■■■■■ presents to the ED via EMS s/p MVC. Labs and imaging ordered. Trauma services at bedside and will reside over pt care. Advised are my services as needed.

ED Course

Time 1734

Patient Course Stable

Safety Concerns Patient is safe

Portions of this section were scribed by Demaio, Christian V on 08/08/20 at 1733

Patient Discharge & Departure

Vital Signs/Condition

Vital Signs

First Documented:

	Result	Date Time
Pulse Ox	95	08/08 1809
B/P	152/94	08/08 1809
Temp	36.1	08/08 1809
Pulse	138	08/08 1809
Resp	16	08/08 1809

Last Documented:

	Result	Date Time
Pulse Ox	95	08/08 1809
B/P	152/94	08/08 1809
Temp	36.1	08/08 1809
Pulse	138	08/08 1809
Resp	16	08/08 1809

All vital signs available at the time of this entry have been reviewed.

Condition Stable

Clinical Impression

Clinical Impression

Primary Impression: MVC (motor vehicle collision)

Secondary Impressions: Open neck wound, Tachycardia

Disposition Decision

Patient: MILANOVIC, OGNJEN
Date: 08/08/20

Unit#: E002961401
Acct#: E99900563616

Admit

Admit Physician Trauma Surgeon

Request Time 1734

Request Date 08/08/20

)(Admission Accepts Yes

)(Accepted Time 1735

)(Accepted Date 08/08/20

Call Information will see patient, agrees with eval, agrees with plan

Discharge/Care Plan

Counseled Regarding Diagnosis, Lab results, Imaging studies, Need for admission

Admit Note

I have spoken with the patient and/or caregivers. I have explained the patient's condition, diagnoses and treatment plan based on the information available to me at this time. I have answered the patient's and/or caregiver's questions and addressed any concerns. The patient and/or caregivers have as good an understanding of the patient's diagnosis, condition and treatment plan as can be expected at this point. The patient has been stabilized within the capability of the emergency department. The patient will be transported for further care and management or will be moved to an observation or inpatient service. I have communicated with the staff or medical practitioner taking over this patient's care.

Quality Measures

BP & F/U for HTN Patient admitted

Supervising Physician Note

Scribe Statement

Demaio,Christian V, 08/08/20 1735, scribing for and in the presence of Dr. Zagari.

Signed By: Demaio,Christian V, 08/08/20 1735

Provider Scribed Statement

I personally performed the services described in this documentation and reviewed the documentation that was dictated to the scribe(s) in my presence, and it accurately records my words and actions.

Portions of this section were scribed by Demaio,Christian V on 08/08/20 at 1733

Electronically Signed by Zagari Stuppiello,Giselle MD on 08/12/20 at 0637

RPT #: 0808-0301
END OF REPORT

ADULT TRAUMA ACTIVATION CRITERIA

LEVEL 1

- ☐ BP: Systolic <90 (resolved or ongoing)
- ☐ HR: >120
- ☐ RR: Less than 10 or greater than 29 with distress
- ☐ GCS: Less than or equal to 8 (attributed to trauma)
- ☐ Patients in need of an emergent airway and ALL intubated patients from the scene
- ☐ Penetrating trauma (GSW, SW) proximal to knees and elbows (including head, neck, trunk, flank, groin, buttocks or back)
- ☐ Evidence of spinal cord injury with neurological deficit (paralysis & paresthesia)
- ☐ Unstable pelvis fracture associated with hemodynamic instability
- ☐ Amputated, crushed, degloved, mangled or pulseless extremity (above the wrist/ankle)
- ☐ Burns >20% TBSA and/or all inhalation injuries associated with trauma
- ☐ Receiving blood products prior to arrival
- ☐ Emergency physician discretion

LEVEL 2

- ☐ Neurologic changes (GCS 9-14)
- ☐ Chest wall instability or deformity (flail chest)
- ☐ Burn involving airway, face, feet, genitalia or circumferential burns to an extremity (excluding isolated hands)
- ☐ Two or more obvious proximal long bone fractures (femur, humerus)
- ☐ Open or suspected depressed skull fracture
- ☐ Rigid, tender and/or distended abdomen
- ☐ Tender spine with palpation
- ☐ High-voltage electrical injury
- ☐ Auto vs. pedestrian or auto vs. bicycle (greater than 20 mph)
- ☐ MCC with significant impact force and/or run over (greater than 20 mph)
- ☐ Fall >20 feet
- ☐ Any open fracture (excluding isolated hand)
- ☐ Any hip or knee dislocation
- ☐ Any tibia/fib and/or femur fx
- ☐ Positive seat belt sign or handlebar mark
- ☐ Skin wounds with extensive tissue damage, large flaps, avulsion
- ☐ Pregnant patients with trauma mechanism (≥ 20 weeks gestation)
- ☐ Age ≥ 65
- ☐ Medical comorbidities: IDDM, end stage renal disease, cardiac hx, current anticoagulant use
- ☐ Emergency physician discretion

LEVEL 3

- ☐ High energy event (including ATV)
- ☐ Rollover mechanism
- ☐ MVC with ejection
- ☐ MVC/MCC > 45 mph
- ☐ Prolonged extrication >20 minutes with heavy tools
- ☐ Death at the scene
- ☐ Age >55
- ☐ Isolated fracture (closed) or dislocation
- ☐ Patient report of abdominal pain without bruising
- ☐ Patient report of back pain
- ☐ Pregnant patients with trauma mechanism (≤ 19 weeks gestation)
- ☐ Suspected hip fracture
- ☐ Evidence of facial trauma (fx)
- ☐ Emergency physician discretion

MVC
TRAUMA

[Signature]

TRANSFER CRITERIA CONSIDERATIONS

LEVEL 1

- Transfers requiring blood transfusions
- Intubated transfer patients with ongoing or current respiratory compromise
- Unstable VS
- Deterioration of GCS

LEVEL 2

- Intubated patients who are otherwise stable
- Identified spine fracture without neurologic deficit
- Stable solid organ injury
- Incomplete work-up at outside facility and meets additional criteria for activation

LEVEL 3

- Stable interfacility transfers (ED to ED) of traumatically injured patients meeting activation criteria

TRAUMA2020,PT2909
E99900563616

05/2019



Medicine | TRAUMA ONE

Leading Health Care | www.oumedicine.com

NAME: _____		HT: <u>5'10"</u>	WT: <u>170</u>	AGE: _____	SEX: _____	RACE: _____
ARRIVAL DATE: <u>8-8-20</u>		TIME: <u>1712</u>		TIME OF INJURY: <u>~1630</u>		BROSLOW: _____
EMS ENCODE TIME: <u>1703</u>		ACTIVATION TIME: <u>1704</u>		ACTIVATION LEVEL: <u>X</u> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		UPGRADE? YES/NO TIME: _____ LEVEL: _____

CONSULT SERVICES	SERVICE	NAME	TIME CALLED	TIME ARRIVED	GLASGOW COMA SCORE			
	EMT/Attending	<u>Zsari</u>	<u>1704</u>	<u>1712</u>	EYE OPENING	SPONTANEOUSLY TO SPEECH TO PAIN		4 3 2 1
	Trauma Attending	<u>Blair</u>				ADULT	INFANT	
	Sr. Resident	<u>Blair</u>						
Jr. Resident	<u>Blair</u>				VERBAL	ORIENTED CONFUSED INAPPROPRIATE INCOMPREHENSIBLE NONE	COOS & BABBLES IRRITABLE CRY CRIES TO PAIN MOANS TO PAIN NONE	5 4 3 2 1
PA/ NP	<u>Blair</u>							
Anesthesia	<u>Blair</u>							
Ortho					MOTOR	OBEYS COMMANDS LOCALIZES WITHDRAWS FLEXION EXTENSION NONE	SPONT MOVEMENTS WITHDRAWS TO TOUCH WITHDRAWS TO PAIN FLEXION EXTENSION NONE	6 5 4 3 2 1
Neurosurgery								
Face Trauma								
Plastic Surgery								

TRANSPORT	X AMBULANCE CO.: <u>emsa</u>		AIR / GROUND: <u>GROUND</u>
	REFERRING FACILITY: _____		
	SCENE LOCATION: <u>Kiputrick</u>		
	RESTRAINED: <u>unk</u> LOC: <u>unk</u> HELMET: <u>+/</u> CAR SEAT: YES/NO _____		
A. RESP B. SYSTOLIC BP C. CONVERT GCS REVISED TRAUMA SCORE 10-24 4 > 90 4 13-15 4 A+B+C= 25-35 3 97-88 3 9-12 3 > 35 2 50-69 2 8-8 2 < 10 1 < 50 1 4-5 1 0 0 0 0 3-0 0			
Pediatric Trauma Score PTS +2 +1 -1 Weight >44 lbs (>20 Kg) 22-44 lbs (10-20 Kg) <22 lbs (<10 Kg) Airway Normal Maintainable O2 Int. Tracheostomy Inv. Blood Pressure >60mmHg 50-60mmHg 50mmHg Level of Consciousness Completely Awake Obtunded or any loc Comatose Open Wound None Minor Major or Penetrating Fractures None Closed Fx Open or Multiple Fx			

PRIMARY SURVEY	AIRWAY: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Obstructed	BREATHING: <input checked="" type="checkbox"/> NL <input type="checkbox"/> Labored <input type="checkbox"/> Apneic <input type="checkbox"/> Gurgling
	CIRCUL: <input checked="" type="checkbox"/> Pulse Present <input type="checkbox"/> Cardiac Rhythm <u>ST</u>	PEA: <input type="checkbox"/> WIDE <input type="checkbox"/> NARROW
	HEMORRHAGE: <input checked="" type="checkbox"/> None <input type="checkbox"/> Present: <u>all controlled</u>	
	NEURO: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Responds to verbal <input type="checkbox"/> Responds to pain <input type="checkbox"/> Unresponsive	

SECONDARY SURVEY	HEAD: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Lacerations <input type="checkbox"/> Abrasions <input type="checkbox"/> Contusions <input type="checkbox"/> Penetrating	
	Tympanic Membrane: <input type="checkbox"/> Obscured <input type="checkbox"/> Hemotympanum <input type="checkbox"/> Erythema	
	EYES OPEN: <input checked="" type="checkbox"/> Spontaneously <input type="checkbox"/> To verbal <input type="checkbox"/> To pain <input type="checkbox"/> Do not open <input type="checkbox"/> Contacts Removed	
	PUPILS: <input checked="" type="checkbox"/> Equal (R) <input checked="" type="checkbox"/> Reactive <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Non-reactive <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted	
NECK: <input type="checkbox"/> WNL <input type="checkbox"/> Laceration <input type="checkbox"/> Abrasion <input type="checkbox"/> Contusion <input type="checkbox"/> Trach. Deviation <input type="checkbox"/> Tender		
SKIN: <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Cyanotic <input type="checkbox"/> Mottled		
CHEST: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Laceration <input type="checkbox"/> Abrasions <input type="checkbox"/> Contusions <input type="checkbox"/> Penetrating		
Paradoxical mvts <input type="checkbox"/> Retracting <input type="checkbox"/> Seatbelt Mark <input type="checkbox"/> Wounds/Tenderness		
BREATH SOUNDS: <input checked="" type="checkbox"/> NL <input type="checkbox"/> Decreased <input type="checkbox"/> (R) <input type="checkbox"/> (L) <input type="checkbox"/> Absent <input type="checkbox"/> (R) <input type="checkbox"/> (L)		
ABD/PELVIS: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Lacerations <input type="checkbox"/> Abrasions <input type="checkbox"/> Contusions <input type="checkbox"/> Distended <input type="checkbox"/> Rigid		
Tender <input type="checkbox"/> Seatbelt Mark <input type="checkbox"/> # Penetrating Wounds <input type="checkbox"/> Bowel Sounds: <input type="checkbox"/> Absent		
BACK: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Lacerations <input type="checkbox"/> Abrasions <input type="checkbox"/> Contusions <input type="checkbox"/> Tenderness: <input type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> L		
Step-off <input type="checkbox"/> None <input type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> L <input type="checkbox"/> Penetrating Wounds <input type="checkbox"/> Pre Stage Pressure Ulcer		
EXTREMITIES: MAE <input checked="" type="checkbox"/> Y/N RUE Y/N LUE Y/N RLE Y/N LLE Y/N		

OU MEDICAL CENTER, Oklahoma City, OK
Emergency Department
Trauma Nursing Assessment Sheet (1/2)

TRAS* OUMC 100103 rev 01/2020

TRAUMA2020,PT2909
E99900563616

③

Chaplain's Name: David Barber Pt. Arrival Date: 8/8/20 Arrival Time: 1911

Level: ☒ I ☐ II ☐ III Patient Presented For: ☒ MVC ☐ GSW ☐ Other: _____
 Transported by ☐ Air ☒ Ground: EMSA ☐ Other: _____
 Work Related Injuries? ☐ Y ☒ N ☐ Unknown Scene: Highway 66

Patient Information

Patient Name or Medical Record #: OGNJEN MILANOVIC
 DOB: _____ Patient's Sex: _____ ID Card / Driver's License? ☐ Y ☒ N Type: _____
 Street Address: _____
 City, State, Zip Code: _____
 Patient's Phone # () _____
 Patient Info Obtained From: ☐ Patient ☐ Family ☒ EMT ☐ Police ☐ Transfer Sheet ☐ Registration ☐ Chaplain Search

Emergency Contact Information

Emergency Contact Information: _____
 Relationship/DOC/Nursing Home: _____
 Phone Number: _____ ☐ Home ☐ Cell ☐ Work
 Family Contacted? ☐ Y ☒ N Attempts: 0 Comments: NO INFO
 Any Patient Care Information Obtained from family and shared with Nurse or Physician? ☐ Y ☒ N
 Anticipated Family Arrival Time? Unknown Special Needs? Unknown
 Approximate Time of Family Arrival until meeting with Chaplain or Nursing Staff? ☐ 0 to 15 min ☐ 15 to 30 min ☒ 30 min+
 Approximate Time of Family Arrival until meeting with Physician/s? ☐ 0 to 15 min ☐ 15 to 30 min ☒ 30 min+

Belongings

Patient had belongings: ☒ Y ☐ N Phone ☐ Y ☒ N Wallet ☒ Y ☐ N Money ☒ Y ☐ N Jewelry ☐ Y ☒ N
 Pt Items are in: ☐ Safe ☐ Closet ☐ Police Custody ☐ Family Custody ☒ Patient Custody
 Law Enforcement Agency: ☐ OKC PD ☒ OHP ☐ OSBI ☐ OUPD ☐ Other _____
 Officer: _____ Badge # _____

Additional Comments

OHP offered to come with family
Contact info
Truck Driver

Signature: David Barber Date: 8/8/20 Time: 1822

OU MEDICAL CENTER, Oklahoma City, OK
 Chaplain's Trauma/Critical Care Note



'TRAS' OUMC 101361 rev 01/2020

Information / Label

TRAUMA2020,PT2909
 E99900563616

Page 1 of 1

GREEN

Alert: ☒ Level I ☐ Level II ☐ Level III ☐ Consult - From _____
 Date of Assessment 8/8/2020 Consulting attending physicians name and service

TRAUMA	
Time Called: <u>5:05</u> Time Arrived: <u>17:02</u> Attending On-Call <u>Blair</u>	
Admission Vitals: Pulse: <u>143</u> BP: <u>152/44</u> RR: <u>20</u> Temp: _____	
Mechanism: (circle all that apply): Date: <u>8/8/2020</u> Time: <u>17:20</u> Blunt: <u>MVC</u> / Pedestrian / Assault / _____ Restrained? YES / NO Air Bag? YES / NO Motorcycle / ATV / OffRoadVehicle Helmet? YES / NO Penetrating: Gun Shot Wound - Caliber _____ Stab Wound / location of laceration _____ Other _____ Burn: Thermal / Chemical / Electrical Fall: Mechanical / From Standing Height _____ Other: _____	DETAILS OF EVENT and PATIENT COMPLAINT: <u>36 yo M s/p MVC w/ laceration to L neck and ankle pain</u> Loss of Consciousness / Amnesia (event, retrograde) <u>Negative</u> Work related: YES <u>(NO)</u>
PAST MEDICAL HISTORY (PMHx)	Allergies: <u>NKDA</u> Tetanus (up to date) YES / NO
	Current Medications / Doses:
	<u>None</u> / _____ / _____ / _____ / _____ / _____ / _____ / _____
	PMHx: <u>None</u>
	PSx: <u>None</u>
REVIEW OF SYSTEMS (check all that apply)	Check if WNL, abnormals describe in box <input type="checkbox"/> Endocrine <input type="checkbox"/> Constitutional <input type="checkbox"/> Gastroenteric <input type="checkbox"/> Ears, nose, mouth, throat (weight loss, etc) <input type="checkbox"/> Genital Urinary <input type="checkbox"/> Integumentary (skin, breast) <input type="checkbox"/> Musculo <input type="checkbox"/> Hematology/Lymph <input checked="" type="checkbox"/> "All other negative" <input type="checkbox"/> Eyes <input type="checkbox"/> Cardiac/Vascular <input type="checkbox"/> Neurology <input type="checkbox"/> Respiratory <input type="checkbox"/> Psychiatric UNATTAINABLE DUE TO
	Abnormals on review of systems:
FAMILY HISTORY: <u>Non contributory</u>	
SOCIAL HISTORY: Tobacco Use: YES / <u>NO</u> ETOH: YES <u>(NO)</u> DRUG: YES <u>(NO)</u>	
Signature: <u>[Signature]</u> Date: <u>8/8/2020</u> Time: <u>17:19</u>	

Patient Information / Label

OU MEDICAL CENTER, Oklahoma City, OK
Trauma Initial History & Physical Evaluation

☒ OUMC ☐ TCH



TRAS OUMC 100973 rev 01/2020

TRAUMA2020,PT2909
 E99900563616

Page 1 of 6

GREEN

Patient: MILANOVIC, OGNJEN

MRN: E002961401 Encounter: E99900563616

Page 6 of 12
FARMERS MUTUAL_0495

Adult Trauma Score		Adult GCS		Pediatric GCS		Pediatric Trauma Score	
1) RR	10-29 4	Eye	spont = 4	Eye	spont = 4	Weight	>20kg = +2
	>29 3	Opening to voice	= 3	Opening to voice	= 3		10-20 kg = +1
	6-9 2	to pain	= 2	to pain	= 2		<10 kg = -1
	1-5 1	none	= 1	none	= 1	Airway	Normal = +2
	0 0						Maintainable = +1
		Best	oriented = 5	Best	coos/babbles = 5		Intubated = -1
2) SBP	>89 4	Verbal	confused = 4	Verbal	irritable cry = 4	Blood	> 90mmHg = +2
	76-89 3		inapp word = 3		cry to pain = 3	Pressure	50-90mmHg = +1
	50-75 2		incomp sound = 2		moans to pain = 2		50mmHg = -1
	1-49 1		none = 1		none = 1	Level	Completely Awake = +2
	0 0					Of Cons.	Obtunded/LOC = +1
3) GCS	13-15 4	Best	command = 6	Best	spontaneous = 6		Comatose = -1
	9-12 3	Motor	localizes = 5	Motor	w/d to touch = 5	Open	None = +2
	6-8 2		withdraws = 4		w/d to pain = 4	Wound	Minor = +1
	4-5 1		flexion = 3		flexion = 3		Major/Penetrating = -1
	3 0		extension = 2		extension = 2	Fractures	None = +2
			none = 1		none = 1		Closed Fx = +1
Total =	12/12	Total =	14/15	Total =	15/15		Open to Multiple = -1
							Total =

PRIMARY SURVEY (circle all that apply or complete blank)

Airway: Intact Needs assistance Intubation: Oral / Nasal / Cricothyroidotomy / TracheostomyBreathing: Spontaneous / Needs assistance Chest tube: Right size ____ Left size ____ Mechanical ventCirculation: IV Access - Adequate / Needs Peripheral IV / Cutdown / Central line-location: _____SBP 152 / Pulse 137Needs Fluid Bolus: amount give/type: NS 1000 ccPupils: Right 3 mm Left 3 mm Reactive Non reactiveOther: Resuscitative Thoracotomy YES / NO REBOA: YES / NO

SECONDARY SURVEY (circle all that apply or complete blank: UTA=unable to assess due to GCS/meds)

HEENT: Describe

Skull/Scalp: WNL / laceration / abrasion / hematoma / contusion / fracture: open / closed / depressedOrbit: WNL / ecchymosis: Right / LeftOcular: Pupils: Right 3 mm Reactive Non reactive
Left 3 mm Reactive Non reactiveGaze: WNL / disconjugate / diplopiaSclerae: WNL / laceration: Right / Left hyphema: Right / Left AbrasionEars: WNL / hematoma / laceration / otorrhea: clear bloodyTympanic Membranes: WNL / hemotympanum: Right / LeftNose: WNL / rhinorrhea: clear / bloody / deformity / laceration / abrasionMaxilla: stable / unstableMandible: stable / unstable Occlusion: WNL / AbnormalZygoma: stable / unstable Right / LeftOropharynx: WNL / laceration / foreign body / erythema / missing teethNeck: Trachea: midline / deviated / crepitusJugular Venous Distention: present absent

WNL / laceration / abrasion / contusion / hematoma: Right / Left

describe: 1cm lengthC-spine: Tender / Non-tender / UTA C-Collar on arrival: YES / NO Changed to semi rigid cervical orthosisSignature: C. AllenDate 8/8/2020 Time 17:26OU MEDICAL CENTER, Oklahoma City, OK
Trauma Initial History & Physical Evaluation☒ OUMC ☐ TCH

TRAS OUMC 100974 rev 01/2020

Patient Information / Label

TRAUMA2020,PT2909
E99900563616

Page 2 of 6

GREEN

SECONDARY SURVEY (circle all that apply or complete blank; UTA=unable to assess due to: GCS, heavy sedation, noncooperation, neuromuscular blocker)**CHEST:** Describe: _____Inspection: WNL abrasion / contusion / crepitis / seat belt marks or contusions / laceration - Location _____Palpation: WNL deformities / compression tenderness /

UTA: Sternal / Right / Left / Flail segment

Auscultation: Breath Sounds: Right present diminished / absent
Left present diminished / absent**ABDOMEN:** Describe: _____Inspection: WNL abrasion / contusion / seat belt mark or contusions / laceration - Location _____Palpation: WNL distended / rigid / tenderness / UTA - Location _____Auscultation: Bowel Sounds: present absent**RECTAL:** Describe: _____Tone: WNL / absent / voluntary sphincter contractionBlood: gross positive / gross negative**PELVIS:** Describe: _____stable / unstable Foley placed: Yes / No Urine character / color _____Compression tenderness: present / absent / UTAPubic Symphysis: intact / separated**GENITAL URINARY:** Describe: _____WNL / abrasion / laceration / hematoma / blood at urethral meatus / blood in vagina**BACK:** Describe: _____Inspection: WNL abrasion / contusion / lacerationTenderness: present / absent / UTA - Location _____Decubitus Pressure Sore: present / absent / UTA - Location _____**EXTREMITIES:** Describe: _____RUE: WNL / FX: open / closed / abrasion / laceration / deglovingRLE: WNL / FX: open / closed / abrasion / laceration / deglovingLUE: WNL / FX: open / closed / abrasion / laceration / deglovingLLE: WNL / FX: open / closed / abrasion / laceration / degloving**VASCULAR:** (P=palpable / NP=not palpable / D=dopplerable / UTA)Brachial R ___ L ___ Radial R P L P Femoral R ___ L ___ Popliteal R ___ L ___ Dorsalis pedis R P L P Post. Tibial R ___ L ___

SBP RUE ___ LUE ___ RLE ___ LLE ___ Index ___

NEUROLOGIC: (M=moves / DM=doesn't move / R=moves to resistance / UTA)

Motor:	Deltoid	Biceps	Triceps	Hip flexors	Plantar	Dorsi flex
R	<u>M</u> / 5	<u>M</u> / 5	<u>M</u> / 5	<u>M</u> / 5	<u>M</u> / 5	<u>M</u> / 5
L	<u>M</u> / 5	<u>M</u> / 5	<u>M</u> / 5	<u>M</u> / 5	<u>M</u> / 5	<u>M</u> / 5

Describe deficit: _____

Sensory: Intact to light touch

RUE LUE RLE LLE

Describe deficit: _____

REFLEX: Babinski _____Signature: Qu YuanDate 5/18/2020 Time 13:28

Patient Information / Label

OU MEDICAL CENTER, Oklahoma City, OK
Trauma Initial History & Physical Evaluation☒ OUMC ☐ TCH


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TRAUMA2020,PT2909
E99900563616

Page 3 of 6

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LABS & TESTS	T.PROT <u>7.2</u>	PT / INR / PTT <u>11.4 / 1 / 21.1</u>	BMP
	ALB <u>4.8</u>	Peritoneal Lavage _____	<u>138</u> <u>96</u> <u>10</u> <u>156</u>
	Calcium <u>9.7</u>	Type & Screen _____ Type & Cross _____	<u>3.4</u> <u>18</u> <u>0.96</u>
	Bilirubin <u>1.7</u>	ABG: pH _____ PCO2 _____ O2 _____	<u>7.69</u> <u>16.1</u> <u>175</u>
	AST/ALT <u>63/52</u>	Base Deficit _____ Lactate _____	<u>45.7</u>
	ALKP <u>98</u>	EKG _____	
	Amylase <u>64</u>	Troponin _____ Creatinine Kinase _____	
	LIP <u>42</u>	Urinalysis: Dipstick PH _____ Blood _____ Protein _____ Nitrate _____ LKEsterase _____	
		Microscopic: RBC _____ WBC Squam Cells _____	
		Drug Screen _____ Urine HCG _____	
FILMS / IMAGES	XRAY / IMAGES FINDINGS / DIAGNOSIS (list):		
	Chest Xray <u>WNL / Result:</u>		
	Pelvis Xray <u>WNL / Result:</u>		
	CT Brain <u>WNL / Result:</u>		
	CT Face <u>WNL / Result:</u>		
	CT C-Spine <u>WNL / Result:</u>		
	CT T-Spine <u>WNL / Result:</u>		
	CT L-Spine <u>WNL / Result:</u>		
	CT Chest / Angio <u>WNL / Result:</u>		
	CT Abdomen/Pelvis <u>WNL / Result:</u> <u>CT Neck Angio:</u>		
Skeletal <u>WNL / Result:</u> <u>- Soft tissue irregularity of R foot</u>			
CT Neck Angio <u>WNL / Result:</u> <u>- Neck laceration/hematoma +/- foreign body</u>			
Additional Images / Xrays: _____			
Outside Xray / Image Results: _____			
DIAGNOSIS and PLAN	(Must include all imaging, physical exam, and laboratory diagnosis)		
	<u>36 yo M s/p MVC w/ laceration to L neck.</u>		
	<u>- CT Angio without any signs of vascular involvement</u>		

CONSULTS	SERVICE _____ Time Called _____ PHYSICIAN Contacted _____ Time Discussed _____		
	SERVICE _____ Time Called _____ PHYSICIAN Contacted _____ Time Discussed _____		
	SERVICE _____ Time Called _____ PHYSICIAN Contacted _____ Time Discussed _____		
DISPOSITION: Admit-ICU / Floor / Telemetry <u>Discharged</u> / Transferred		Signature: <u>[Signature]</u> Date <u>8/8/2020</u> Time <u>17:29</u>	
OU MEDICAL CENTER, Oklahoma City, OK Trauma Initial History & Physical Evaluation <input checked="" type="checkbox"/> OUMC <input type="checkbox"/> TCH		Patient Information/Label TRAUMA2020,PT2909 E99900563616	
			
TRAS OUMC 100976 rev 01/2020		Page 4 of 6	

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PROCEDURES AND TREATMENT PERFORMED BY THE TRAUMA TEAM ONLY:

* **CHEST TUBE** Indication: HTX / PTX / Other _____ Local anesthesia of Lidocaine (With/Without) Epinephrine ____ cc
 Right / Left Chest Tube Size: _____ Fr. placed in _____ Intercostal space (Mid / Ant) axillary line Initial Output: _____
 Post Procedure CRX revealed: _____ Performed by: _____ ☐ Emergent
 Right / Left Chest Tube Size: _____ Fr. placed in _____ Intercostal space (Mid / Ant) axillary line Initial Output: _____
 Post Procedure CRX revealed: _____ Performed by: _____ ☐ Emergent
 Notes: _____

* **ARTERIAL LINE** Indication: Hypovolemia / Shock / Spinal Cord Injury / TBI / Other _____

Catheter Type: _____ Size: _____ Location: _____
 Performed by: _____ Time: _____ ☐ Emergent
 Notes: _____

* **CENTRAL LINE** Indication: Hypovolemia / Shock / Spinal Cord Injury / TBI / Other _____

Catheter (size/lumens): _____ Location: _____ Post Procedure CXR revealed: _____
 Performed by: _____ Time: _____ ☐ Emergent
 Notes: _____

* **LACERATION REPAIR** Location: _____ Size / Length: _____

Anesthesia: _____ Type of repair: _____

Notes: _____

* **LACERATION REPAIR** Location: _____ Size / Length: _____

Anesthesia: _____ Type of repair: _____

Notes: _____

* **LACERATION REPAIR** Location: _____ Size / Length: _____

Anesthesia: _____ Type of repair: _____

Notes: _____

* **SPLINTING** Indication: _____ Type of splint: _____ Long / Short _____

Extremity: _____ Pre / Post Pulses: _____

Notes: _____

* **SPLINTING** Indication: _____ Type of splint: _____ Long / Short _____

Extremity: _____ Pre / Post Pulses: _____

Notes: _____

* **PHYSICIAN PLACED FOLEY / OG / NG** Indication: _____

Notes: _____

* **OTHER**

Notes: _____

Attending Statement of Procedure(s) Participation and Signature:

☐ I was personally present for the entire / key portions of the procedure performed by resident, PA-C or APRN

Resident: Maria Urdaneta Perez

Signature: [Signature]

Date: 8/8/2020 Time: 17:28

OU MEDICAL CENTER, Oklahoma City, OK
 Trauma Initial History & Physical Evaluation

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Patient Information / Label

TRAUMA2020,PT2909
 E99900563616

Page 5 of 6

GREEN

Attending Physicians
Trauma/Critical Care Note

Arrival Time: PTA

☐ I performed the entire service/procedure personally

☒ I evaluated the patient, reviewed prior pages 1-5, discussed the case with the resident / PA-C / APRN, and I agree with the findings and plans or amend the following below:

patient, stable, w/o acute C/O, neck + ample
versus palpation, better EKG, neck assoc
to laceration

Imaging: I personally reviewed the CXR w/o PTX
no effusion

Tachy 120's, but hemodynamically stable. No
g/d acute distress. CT for imaging. Dispo
pending

Ultrasound:

☐ Not Done

A focused ultrasound exam of the peritoneal space (including the following areas: sub-phrenic, Morrison's pouch, splenorenal, superior colic gutters, and retro-vesicular), pericardial space, and pleural spaces was performed to evaluate for free fluid.

The ultrasound was performed with the following indications, as noted in the H&P:

☒ Blunt abdominal trauma ☐ Penetrating abdominal trauma ☐ Blunt thoracic trauma ☐ Penetrating thoracic trauma ☐ Shock

Findings:

Exam of the above structures revealed the following findings in the peritoneal, pericardial, and pleural spaces:

Evaluation for free fluid in:

Morrison's Pouch	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present
Splenorenal fossa	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present
Retro-vesicular space	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present
Pericardial space	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present
Evidence of pericardial tamponade	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present
Pleural space	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present

☐ Left ☐ Right

CPT: 76705-26 (abdomen) + 93308-26 (cardiac) + 76604-26 (chest)

Impression: ☒ No pathologic free fluid

☐ Hemoperitoneum

☐ Hemopericardium

☐ Cardiac Tamponade

☐ Hemothorax

☐ Other: _____

Total Attending Physician Critical Care time not including procedures: _____

Attending: _____

Signature

Printed Name

Date: 5/8/20 Time: 1730

(ATTENDING PHYSICIAN SIGNATURE REQUIRED)

OU MEDICAL CENTER, Oklahoma City, OK
 Trauma Initial History & Physical Evaluation

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Pat#

TRAUMA2020,PT2909
 E99900563616

Page 6 of 6

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ED Arrival Date: 8/8/2020 Time: 17:32 Activation Level ☒ I ☐ II ☐ III

Injury Summary:	Date Diagnosis	Consultations / Date	F/U Instructions

Musculoskeletal Injuries	D/C WB Status	Complications	Date

Date	Operation / Attending	Date	Operation / Attending
<u>8/8/2020</u>	<u>FAST ⊖ / Plair</u>		

Spine Clearance Date	Preliminary Results	Final Results	Final Disposition
<u>8/8/2020</u>			Cleared / Brace / OR
C Spine 4 View	Imaging Exam	Imaging Tertiary Exam	
CT	⊖		
T Spine 2 View	⊖		
CT	⊖		
L Spine 2 View	⊖		
CT	⊖		

Date	Radiology Studies	+ / - (List + results above)	Date	Radiology Studies	+ / - (List + results above)
<u>8/8/2020</u>	<u>CT Neck angio</u>				

Disposition: ICU OR Final Home from ED Home < 24°

EMS Service Name:

Complete Run Sheet Available: YES NO

When complete FAX to 1-3513 Trauma Office

OU MEDICAL CENTER, Oklahoma City, OK
Trauma Team Tertiary Assessment

TRAS

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TRAUMA2020,PT2909
E99900563616

Page 1 of 1

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Patient: MILANOVC, OGNJEN

MRN: E002961401

Encounter: E99900563616

Page 1 of 3
FARMERS MUTUAL_0502

RUN DATE: 06/10/20 RUN TIME: 0316 RUN USER: WFFIELD		OU Medical Center EDIM **LIVE** EMERGENCY PATIENT RECORD		PAGE 1
Patient: TRAUMA2020,PT2909 EDIM Provider: Zagari Stuppiello,Giselle MD, ZhcaActv		Age/Sex: [REDACTED]		Acct No: E99900563616 Unit No: E002961401
CHIEF COMPLAINT: 0419				
ED Physician: Zagari Stuppiello,Giselle MD, ZhcaActive Arrival Date/Time: 08/08/20 - 1711 Practitioner: Nurse: Stated Complaint: TRAUMA2020,PT2909 S/P MVC Chief Complaint: Trauma/MVC Status Event History: 08/08/20 1705 Reception * 1706 Room Placement *		Priority: 1 Fever greater than 100.4 F or 38.0 C: Not in the last 7 days Cough not related to allergy or COPD: Not in the last 7 days Sore Throat: Not in the last 7 days Night sweats: Not in the last 7 days Unexplained weight loss: Not in the last 7 days Fatigue: Not in the last 7 days Body aches: Not in the last 7 days Rash: Not in the last 7 days Nasal congestion unrelated to allergies/sinus infections: Not in the last 7 days Point of entry screening status: Negative TB Risk Negative Respiratory Risk Negative C difficile Risk Shortness of breath: No Have you tested positive for Covid-19 in the last 14 days? No Temp (C): 36.1 Pulse: 138 Respirations: 16 Blood Pressure: 152/94 MAP: 113 Pulse O2 %: 95 O2: 175.00 Wt-Lbs: 170 Wt-Kg: 77.111 BMI: 25.2 : High ==SEVERE SEP515 SCREENING== Temperature: No WBC results: 08/08/20 7.69 1/15 Heart rate: Yes Band results: No Results past 24 hrs Respirations: No WBC/Bands: No If yes to 2 or more of above, proceed to next section: 1 ==INFECTION== ==NEW ORGAN DYSFUNCTION within past 48 hours== Disposition-DC, TX, ADM, LPT + Undone Reason: WRONG PT ** UNDONE **		
MODE OF ARRIVAL AMBULANCE				
ALLERGIES				
Allergy/Adverse Reaction No Known Allergies		Type/Category Allergy/Drug	Severity 08/08/20 N	Ver
ASSESSMENT				
Rapid Initial Assessment +				
Occurred Date Time User 08/08/20 1309 MELTON,MELISSA, RN		Recorded Date Time User 08/08/20 1811 MELTON,MELISSA, RN		
First Point of Contact: Yes Enter/Edit Allergies? Yes Allergy Band On: Y Arrived by: AMB EMS service: LMSA Subjective Assessment: MVC See next page Do you have thoughts of hurting yourself? No Have you had thoughts of hurting yourself in the past 7 days? No See next page OB/GYN History: (if noted below) See next page Smoking status for patients 13 years old or older: Never Smoker Discharged from any medical facility in the last 30 days? No See next page Flowsheet: Yes Chief Complaint: Trauma/MVC Priority: ESU/Resuscitation ESP? N Facility ESP status: ESP Enabled Last page -- FIRST POINT OF CONTACT -- Is patient present and able to complete the screening for infection? Yes Have you or a close contact traveled outside the US in the last 2 weeks? No Close contact w/person under investigation for 2019-nCoV while person ill: No Have you ever had TB or a positive TB skin test: No Recent close contact with a person who has TB or influenza like illness: No				
Disposition-DC, TX, ADM, LPT + Undone Reason: WRONG PT		Patient Disposition: Discharge Disposition Category: Discharged ED plan of care Chief Complaint: Trauma/MVC Expected outcome of chief complaint: Stabilized/Maintained Actual outcome of chief complaint: Stabilized/Maintained Enter dispo YS now: N Pain Question below will only be answered if patient is LPMSE: Last page For lookup by name, enter N\name then press <Lookup> Patient Left		

PAPERWORK MUTUAL_0503

Patient: MILANOVIĆ, OGNIEN

MRN: E002961401 Encounter: E99900563616

PARMERS MUTUAL_0504

RUN DATE: 08/10/20 RUN TIME: 0316 RUN USER: #PF,ITED		OU Medical Center EDM **LIVE** EMERGENCY PATIENT RECORD		PAGE 3	
Patient: TRAUMA2020_PT2009 EDM Provider: Zagari, Stuppello, Giselle MD, Zhic, Activ		Age/Sex:		Acct No: E99900563616 Unit No: E002961401	
<p>ABUSE HISTORY TO INCLUDE, BUT NOT LIMITED TO: PT DOES NOT REPORT/NO EVIDENCE OF ANY OF THE FOLLOWING: abuse/neglect, Hx. of abuse/neglect, withdrawn/fearful behavior, Unexplained or suspicious bruises/wounds, Patient/Caregiver story changes, Defensive about injuries, Undernourished despite good appetite, Recurrent/Suspicious injuries, Fear of return to previous arrangements, Injuries do not match event history.</p> <p>*** PATIENT SAFETY PARAMETERS ***</p> <p>** Allergy and Patient Identification Bands in Place and Validated ** If in a Bed, Side Rails Up and Bed in Low Position With Wheels Locked ** If in a Wheelchair, Wheels Locked ** Call Light Function Explained and Within Reach ** Standard Precautions Observed</p>					

RUN DATE: 08/10/20	MEDITECH FACILITY: COCPN	PAGE 1
RUN TIME: 0100	IDEV - Discharge Report	
RUN USER: HPF.FBED		
PATIENT: TRAUMA2020, PT2909	A/S: [REDACTED]	ADMIT: 08/08/20
ACCOUNT NO: E99900563616	LOC: E.ERT	DISCH/DEF: 08/08/20
	RM:	STATUS: ER
ATTEND DR: Segari Stuppiello, Giselle MD	DD:	UNIT NO: 0002961401
REPORT STATUS: FINAL		

Order Date: 08/08/20 Service

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord	Source	Status	Ordered By
LAB	COMPLETE BLOOD COUNT W/DIFF	20200808-2774	08/08/20	1706	S		P		CHP	BLASC

Other Provider : Sig Lvl Provider :

Comment:

:

Order's Audit Trail of Events

- 1 08/08/20 1706 ENUR.CAB13 Order ENTER in EDM/OM
- 2 08/08/20 1706 ENUR.CAB13 Order from set: EMT Trauma Male
- 3 08/08/20 1706 ENUR.CAB13 Ordering Doctor: Blair, Scott DO
- 4 08/08/20 1706 ENUR.CAB13 Order Source: Protocol Y
- 5 08/08/20 1706 interface cc'd doctors edited in LAB
- 6 08/08/20 1706 interface order's status changed from TRANS to LOGGED by LAB
- 7 08/08/20 1716 DR.BLASC Signed by Blair, Scott DO
- 8 08/08/20 1724 interface order's status changed from LOGGED to IN PRO by LAB
- 9 08/08/20 1729 interface order's status changed from IN PRO to COMP by LAB

Electronically signed by Blair, Scott DO on 08/08/20 at 1716

Order Date: 08/08/20 Service

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord	Source	Status	Ordered By
LAB	COMPREHENSIVE METABOLIC PANEL	20200808-2775	08/08/20	1706	S		P		CHP	BLASC

Other Provider : Sig Lvl Provider :

Comment:

:

Order's Audit Trail of Events

- 1 08/08/20 1706 ENUR.CAB13 Order ENTER in EDM/OM
- 2 08/08/20 1706 ENUR.CAB13 Order from set: EMT Trauma Male
- 3 08/08/20 1706 ENUR.CAB13 Ordering Doctor: Blair, Scott DO
- 4 08/08/20 1706 ENUR.CAB13 Order Source: Protocol Y
- 5 08/08/20 1706 interface cc'd doctors edited in LAB
- 6 08/08/20 1706 interface order's status changed from TRANS to LOGGED by LAB
- 7 08/08/20 1716 DR.BLASC Signed by Blair, Scott DO
- 8 08/08/20 1724 interface order's status changed from LOGGED to IN PRO by LAB
- 9 08/08/20 1759 interface order's status changed from IN PRO to COMP by LAB

Electronically signed by Blair, Scott DO on 08/08/20 at 1716

Order Date: 08/08/20 Service

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord	Source	Status	Ordered By
LAB	PROTHROMBIN TIME	20200808-2776	08/08/20	1706	S		P		CHP	BLASC

Other Provider : Sig Lvl Provider :

Is patient on anticoagulants? N

Which ones?

(Free Text Response)

Comment:

Order's Audit Trail of Events

- 1 08/08/20 1706 ENUR.CAB13 Order ENTER in EDM/OM
- 2 08/08/20 1706 ENUR.CAB13 Order from set: EMT Trauma Male

PERMANENT MEDICAL RECORD COPY

RUN DATE: 08/10/20
 RUN TIME: 0100
 RUN USER: HPF.FEED

MEDITECH FACILITY: COCPN
 IDEV - Discharge Report

PAGE 2

PATIENT: TRAUMA2020, PT2909
 ACCOUNT NO: E99900563616

A/S: ■ ■
 LOC: E.ERT
 RM:
 DD:

ADMIT: 08/08/20
 DISCH/DEF: 08/08/20
 STATUS: ER
 UNIT NO: E002961401

ATTEND DR: Zagari Stuppiello, Cisselle MD

REPORT STATUS: FINAL

3 08/08/20 1706 ENUR.CAB13 Ordering Doctor: Blair, Scott DO
 4 08/08/20 1706 ENUR.CAB13 Order Source: Protocol Y
 5 08/08/20 1706 interface cc'd doctors edited in LAB
 6 08/08/20 1706 interface order's status changed from TRANS to LOGGED by LAB
 7 08/08/20 1716 DR. BLASC Signed by Blair, Scott DO
 8 08/08/20 1724 interface order's status changed from LOGGED to IN PRO by LAB
 9 08/08/20 1740 interface order's status changed from IN PRO to COMP by LAE

Electronically signed by Blair, Scott DO on 08/08/20 at 1716

Order Date: 08/08/20

Service

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord	Source	Status	Ordered By
LAB	PARTIAL THROMBOPLASTIN TIME	20200808-2777	08/08/20	1706	S		P		COMP	BLASC
Other Provider :		Sig Lvl Provider :								
Comment:										

Order's Audit Trail of Events

1 08/08/20 1706 ENUR.CAB13 Order ENTER in EDM/OM
 2 08/08/20 1706 ENUR.CAB13 Order from set: EMT Trauma Male
 3 08/08/20 1706 ENUR.CAB13 Ordering Doctor: Blair, Scott DO
 4 08/08/20 1706 ENUR.CAB13 Order Source: Protocol Y
 5 08/08/20 1706 interface cc'd doctors edited in LAB
 6 08/08/20 1706 interface order's status changed from TRANS to LOGGED by LAB
 7 08/08/20 1716 DR. BLASC Signed by Blair, Scott DO
 8 08/08/20 1724 interface order's status changed from LOGGED to IN PRO by LAB
 9 08/08/20 1740 interface order's status changed from IN PRO to COMP by LAE

Electronically signed by Blair, Scott DO on 08/08/20 at 1716

Order Date: 08/08/20

Service

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord	Source	Status	Ordered By
LAB	LIPASE	20200808-2778	08/08/20	1706	S		P		COMP	BLASC
Other Provider :		Sig Lvl Provider :								
Comment:										

Order's Audit Trail of Events

1 08/08/20 1706 ENUR.CAB13 Order ENTER in EDM/OM
 2 08/08/20 1706 ENUR.CAB13 Order from set: EMT Trauma Male
 3 08/08/20 1706 ENUR.CAB13 Ordering Doctor: Blair, Scott DO
 4 08/08/20 1706 ENUR.CAB13 Order Source: Protocol Y
 5 08/08/20 1706 interface cc'd doctors edited in LAB
 6 08/08/20 1706 interface order's status changed from TRANS to LOGGED by LAB
 7 08/08/20 1716 DR. BLASC Signed by Blair, Scott DO
 8 08/08/20 1724 interface order's status changed from LOGGED to IN PRO by LAB
 9 08/08/20 1759 interface order's status changed from IN PRO to COMP by LAE

Electronically signed by Blair, Scott DO on 08/08/20 at 1716

PERMANENT MEDICAL RECORD COPY

RUN DATE: 08/10/20
 RUN TIME: 0100
 RUN USER: HPF.FEED

MEDITECH FACILITY: COCPN
 IDEV - Discharge Report

PAGE 3

PATIENT: TRAUMA2020, PT2909
 ACCOUNT NO: E99900563616

A/S: [REDACTED]
 LOC: E.ERT
 RM:
 DD:

ADMIT: 08/08/20
 DISCH/DEF: 08/08/20
 STATUS: ER
 UNIT No: E0029C1401

ATTEND DR: Zagari Stuppiello, Giselle MD
 REPORT STATUS: FINAL

Order Date: 08/08/20

Service

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord	Source	Status	Ordered By
LAB	AMYLASE	20200808-2779	08/08/20	1706	S		P		CMF	BLASC

Other Provider : Sig Lvl Provider :
 Comment:

Order's Audit Trail of Events

1 08/08/20 1706 ENUR.CAB13 Order ENTER in EDM/OM
 2 08/08/20 1706 ENUR.CAB13 Order from set: EMT Trauma Male
 3 08/08/20 1706 ENUR.CAB13 Ordering Doctor: Blair.Scott DO
 4 08/08/20 1706 ENUR.CAB13 Order Source: Protocol Y
 5 08/08/20 1706 interface cc'd doctors edited in LAB
 6 08/08/20 1706 interface order's status changed from TRANS to LOGGED by LAB
 7 08/08/20 1716 DR.BLASC Signed by Blair.Scott DO
 8 08/08/20 1724 interface order's status changed from LOGGED to IN PRO by LAB
 9 08/08/20 1759 interface order's status changed from IN PRO to COMP by LAB

Electronically signed by Blair.Scott DO on 08/08/20 at 1716

Order Date: 08/08/20

Service

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord	Source	Status	Ordered By
LAB	URINALYSIS / CULT IF INDICATED	20200808-2780	08/08/20	1706	S		P		CMF	BLASC

Other Provider : Sig Lvl Provider :
 If patient is less than 2 years old, order...UAP

Order's Audit Trail of Events

1 08/08/20 1706 ENUR.CAB13 Order ENTER in EDM/OM
 2 08/08/20 1706 ENUR.CAB13 Order from set: EMT Trauma Male
 3 08/08/20 1706 ENUR.CAB13 Ordering Doctor: Blair.Scott DO
 4 08/08/20 1706 ENUR.CAB13 Order Source: Protocol Y
 5 08/08/20 1706 interface cc'd doctors edited in LAB
 6 08/08/20 1706 interface order's status changed from TRANS to LOGGED by LAB
 7 08/08/20 1716 DR.BLASC Signed by Blair.Scott DO
 8 08/08/20 1758 interface order's status changed from LOGGED to IN PRO by LAB
 9 08/08/20 1811 interface order's status changed from IN PRO to COMP by LAB

Electronically signed by Blair.Scott DO on 08/08/20 at 1716

Order Date: 08/08/20

Service

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord	Source	Status	Ordered By
BBK	TYPE AND SCREEN	20200808-0096	08/08/20	1706	S		P		CMF	BLASC

Other Provider : Sig Lvl Provider :

*** This is for TYPE & SCREEN only! ***

Do NOT order with PC (Packed Cells)!!!

Type and Screen specimens are held in Blood Bank for 72 hrs.

PERMANENT MEDICAL RECORD COPY

RUN DATE: 08/10/20
 RUN TIME: 0100
 RUN USER: HPF.FEED

MEDITECH FACILITY: COCPN
 IDEV - Discharge Report

PAGE 4

PATIENT: TRAUMA2020, PT2909
 ACCOUNT NO: E99900563616

A/S: [REDACTED]
 LOC: R.ERT
 RM:
 DD:

ADMIT: 08/08/20
 DISCH/DEF: 08/08/20
 STATUS: ER
 UNIT NO: 0002061401

ATTEND DR: Zagari Stuppiello, Giselle MD

REPORT STATUS: FINAL

Order's Audit Trail of Events

1 08/08/20 1706 ENUR.CAB13 Order ENTER in EDM/OM
 2 08/08/20 1706 ENUR.CAB13 Order from set: EMT Trauma Male
 3 08/08/20 1706 ENUR.CAB13 Ordering Doctor: Blair, Scott DO
 4 08/08/20 1706 ENUR.CAB13 Order Source: Protocol Y
 5 08/08/20 1706 interface cc'd doctors edited in LAB
 6 08/08/20 1706 interface order's status changed from TRANS to LOGGED by LAB
 7 08/08/20 1716 DR. BLASC Signed by Blair, Scott DO
 8 08/08/20 1721 interface order's status changed from LOGGED to IN PRO by LAB
 9 08/08/20 1803 interface order's status changed from IN PRO to COMP by LAE

Electronically signed by Blair, Scott DO on 08/08/20 at 1716

Order Date: 08/08/20

Service

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord	Source	Status	Ordered By
RAD	RAD CHEST 1 VIEW AP/PA	20200808-0398	08/08/20	1724	S		P	CHP	BLASC	

Other Provider : Sig Lvl Provider :
 Location: D (In Imaging Department)
 Campus? PE
 Reason for exam: MVC
 Comment:

Order's Audit Trail of Events

1 08/08/20 1706 ENUR.CAB13 Order ENTER in EDM/OM
 2 08/08/20 1706 ENUR.CAB13 Order from set: EMT Trauma Male
 3 08/08/20 1706 ENUR.CAB13 Ordering Doctor: Blair, Scott DO
 4 08/08/20 1706 ENUR.CAB13 Order Source: Protocol Y
 5 08/08/20 1706 interface order's status changed from TRANS to LOGGED by RAD
 6 08/08/20 1716 DR. BLASC Signed by Blair, Scott DO
 7 08/08/20 1729 interface order's status changed from LOGGED to IN PRO by RAD
 8 08/08/20 1743 interface order service time edited: old value - 1706
 9 08/08/20 2112 interface order's status changed from IN PRO to COMP by RAD

Electronically signed by Blair, Scott DO on 08/08/20 at 1716

Order Date: 08/08/20

Service

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord	Source	Status	Ordered By
RAD	RAD PELVIS 1 VIEW	20200808-0399	08/08/20	1724	S		P	CHP	BLASC	

Other Provider : Sig Lvl Provider :
 Location: D (In Imaging Department)
 Campus? PE
 Reason for exam: MVC
 Comment:

Order's Audit Trail of Events

1 08/08/20 1706 ENUR.CAB13 Order ENTER in EDM/OM
 2 08/08/20 1706 ENUR.CAB13 Order from set: EMT Trauma Male
 3 08/08/20 1706 ENUR.CAB13 Ordering Doctor: Blair, Scott DO
 4 08/08/20 1706 ENUR.CAB13 Order Source: Protocol Y
 5 08/08/20 1706 interface order's status changed from TRANS to LOGGED by RAD
 6 08/08/20 1716 DR. BLASC Signed by Blair, Scott DO

PERMANENT MEDICAL RECORD COPY

RUN DATE: 08/10/20
 RUN TIME: 0100
 RUN USER: HPF.FEED

MEDITECH FACILITY: COCPN
 IDEV - Discharge Report

PAGE 5

PATIENT: TRAUMA2020,PT2909
 ACCOUNT NO: E99900563616

A/S: [REDACTED]
 LOC: E.ERT
 RM:
 DD:

ADMIT: 08/08/20
 DISCH/DEF: 08/08/20
 STATUS: ER
 UNIT NO: E002961401

ATTEND DR: Sagari Stuppelle,Cicelle MD
 REPORT STATUS: FINAL

7 08/08/20 1729 interface order's status changed from LOGGED to IN PRO by RAD
 8 08/08/20 1743 interface order service time edited: old value - 1706
 9 08/08/20 2112 interface order's status changed from IN PRO to COMP by RAL

Electronically signed by Blair,Scott DO on 08/08/20 at 1716

Order Date: 08/08/20

Service

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord	Source	Status	Ordered By
MIC	SARS-CoV-2 PCR	20200808-0189	08/08/20	1706	R	1	P		CHP	BLASC

Other Provider : Sig Lvl Provider :

Pre-procedure? Y
 Procedure Date: 08/08/20
 Inpatient/admission? N
 Suspected COVID infection? N
 DOC, LTAC, or Nursing Home resident? N

Order's Audit Trail of Events

1 08/08/20 1706 ENUR.CAB13 Order ENTER in EDM/CM
 2 08/08/20 1706 ENUR.CAB13 Ordering Doctor: Blair,Scott DO
 3 08/08/20 1706 ENUR.CAB13 Order Source: Protocol Y
 4 08/08/20 1706 interface cc'd doctors edited in LAB
 5 08/08/20 1706 interface order's status changed from TRANS to LOGGED by LAB
 6 08/08/20 1716 ER BLASC Signed by Blair,Scott DO
 7 08/08/20 1728 interface order's status changed from LOGGED to IN PRO by LAB
 8 08/08/20 1949 interface order's status changed from IN PRO to COMP by LAE

Electronically signed by Blair,Scott DO on 08/08/20 at 1716

Order Date: 08/08/20

Service

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord	Source	Status	Ordered By
CT	CT BRAIN W/O CONTRAST	20200808-0136	08/08/20	1730	S				CHP	F.JALAD

Other Provider : Sig Lvl Provider :

Campus? PE
 Reason for exam: s/p trauma
 Comment:

Order's Audit Trail of Events

1 08/08/20 1719 RBS.ANJ1 Order ENTER in POM
 2 08/08/20 1719 RES.ANJ1 Order from act: TRAUMA SCANS/Neck Angio
 3 08/08/20 1719 RBS.ANJ1 Ordering Doctor: Jalla,Aditi N MD
 4 08/08/20 1719 RBS.ANJ1 Order Source: ePOM
 5 08/08/20 1719 RBS.ANJ1 Signed by Jalla,Aditi N MD
 6 08/08/20 1719 interface order's status changed from TRANS to LOGGED by RAD
 7 08/08/20 1751 interface order's status changed from LOGGED to IN PRO by RAD
 8 08/08/20 1822 interface order service time edited: old value - 1719
 9 08/08/20 2004 interface order's status changed from IN PRO to COMP by RAL

Electronically signed by Jalla,Aditi N MD on 08/08/20 at 1719

PERMANENT MEDICAL RECORD COPY

RUN DATE: 08/10/20 RUN TIME: 0100 RUN USER: HPF.FEED	MEDITECH FACILITY: COCPN IDEV - Discharge Report	PAGE 6
PATIENT: TRAUMA2020,PT2909 ACCOUNT NO: E99900563616 ATTEND DR: Sagari Stuppello,Ciselle MD REPORT STATUS: FINAL	A/S: [REDACTED] LOC: E.ERT RM: DD:	ADMIT: 08/08/20 DISCH/DEF: 08/08/20 STATUS: ER UNIT NO: E002961401

Order Date: 08/08/20

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord	Source	Status	Ordered By
CT	CT C SPINE WO CONTRAST	20200808-0139	08/08/20	1730	S		R		CHP	r.JALAD

Other Provider : Sig Lvl Provider :
Campus? PR
Reason for exam: s/p trauma
Comment:

Order's Audit Trail of Events

1	08/08/20 1719	RES.ANJI	Order ENTER in POM
2	08/08/20 1719	RES.ANJI	Order from set: TRAUMA SCANS/Neck Angio
3	08/08/20 1719	RES.ANJI	Ordering Doctor: Jalla,Aditi N MD
4	08/08/20 1719	RES.ANJI	Order Source: ePOM
5	08/08/20 1719	RES.ANJI	Signed by Jalla,Aditi N MD
6	08/08/20 1719	interface	order's status changed from TRANS to LOGGED by RAD
7	08/08/20 1751	interface	order's status changed from LOGGED to IN PRO by RAD
8	08/08/20 1822	interface	order service time edited: old value - 1719
9	08/08/20 2004	interface	order's status changed from IN PRO to COMP by RAD

Electronically signed by Jalla,Aditi N MD on 08/08/20 at 1719

Order Date: 08/08/20

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord	Source	Status	Ordered By
CT	CT ABD AND PELVIS W CONTRAST	20200808-0140	08/08/20	1730	S		R		CHP	r.JALAD

Other Provider : Sig Lvl Provider :
Campus? PR
Reason for exam: s/p trauma
Comments: T and L recons

PLEASE CHECK MOX CARTINET FOR CT PREP INFORMATION.

Order's Audit Trail of Events

1	08/08/20 1719	RES.ANJI	Order ENTER in POM
2	08/08/20 1719	RES.ANJI	Order from set: TRAUMA SCANS/Neck Angio
3	08/08/20 1719	RES.ANJI	Ordering Doctor: Jalla,Aditi N MD
4	08/08/20 1719	RES.ANJI	Order Source: ePOM
5	08/08/20 1719	RES.ANJI	Signed by Jalla,Aditi N MD
6	08/08/20 1719	interface	order's status changed from TRANS to LOGGED by RAD
7	08/08/20 1751	interface	order's status changed from LOGGED to IN PRO by RAD
8	08/08/20 1822	interface	order service time edited: old value - 1719
9	08/08/20 2012	interface	order's status changed from IN PRO to COMP by RAD

Electronically signed by Jalla,Aditi N MD on 08/08/20 at 1719

Order Date: 08/08/20

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord	Source	Status	Ordered By
CT	CT NECK ANGIOGRAM	20200808-0141	08/08/20	1730	S		R		CHP	r.JALAD

Other Provider : Sig Lvl Provider :
Campus? PR

PERMANENT MEDICAL RECORD COPY

RUN DATE: 08/10/20
 RUN TIME: 0100
 RUN USER: HPF.FEED

MEDITECH FACILITY: COCPN
 IDEV - Discharge Report

PAGE 7

PATIENT: TRAUMA2020, PT2909
 ACCOUNT NO: E99900563616

A/S: [REDACTED]
 LOC: E.ERT
 RM:
 DD:

ADMIT: 08/08/20
 DISCH/DEF: 08/08/20
 STATUS: ER
 UNIT NO: E0029C1401

ATTEND DR: Zagari Stuppiello, Giselle MD
 REPORT STATUS: FINAL

Reason for exam: s/p trauma, left neck puncture wound
 Comment:

Order's Audit Trail of Events

1 08/08/20 1719 RES.ANJ1 Order ENTER in POM
 2 08/08/20 1719 RES.ANJ1 Order from set: TRAUMA SCANS/Neck Angio
 3 08/08/20 1719 RES.ANJ1 Ordering Doctor: Jalla, Aditi N MD
 4 08/08/20 1719 RES.ANJ1 Order Source: ePOM
 5 08/08/20 1719 RES.ANJ1 Signed by Jalla, Aditi N MD
 6 08/08/20 1719 interface order's status changed from TRANS to LOGGED by RAD
 7 08/08/20 1751 interface order's status changed from LOGGED to IN PRO by RAD
 8 08/08/20 1822 interface order service time edited: old value - 1719
 9 08/08/20 2004 interface order's status changed from IN PRO to COMP by RAD

Electronically signed by Jalla, Aditi N MD on 08/08/20 at 1719

Order Date: 08/08/20

Service

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord	Source	Status	Ordered By
CT	CT CHEST W. CONTRAST	20200808-0142	08/08/20	1730	S		B		CMP	r.JALAD

Other Provider : Sig Lvl Provider :

Campus? PE
 Reason for exam: TRAUMA
 Comment:

Order's Audit Trail of Events

1 08/08/20 1719 RES.ANJ1 Order ENTER in POM
 2 08/08/20 1719 RES.ANJ1 Order from set: TRAUMA SCANS/Neck Angio
 3 08/08/20 1719 RES.ANJ1 Ordering Doctor: Jalla, Aditi N MD
 4 08/08/20 1719 RES.ANJ1 Order Source: ePOM
 5 08/08/20 1719 RES.ANJ1 Signed by Jalla, Aditi N MD
 6 08/08/20 1719 interface order's status changed from TRANS to LOGGED by RAD
 7 08/08/20 1751 interface order's status changed from LOGGED to IN PRO by RAD
 8 08/08/20 1822 interface order service time edited: old value - 1719
 9 08/08/20 2012 interface order's status changed from IN PRO to COMP by RAD

Electronically signed by Jalla, Aditi N MD on 08/08/20 at 1719

Order Date: 08/08/20

Service

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord	Source	Status	Ordered By
RAD	RAD ANKLE MIN 3 VIEWS RT	20200808-0405	08/08/20	1805	S		E		CMP	r.JALAD

Other Provider : Sig Lvl Provider :

Location: P (Portable)
 Campus? PE
 Reason for exam: trauma
 Comment:

Order's Audit Trail of Events

1 08/08/20 1719 RES.ANJ1 Order ENTER in POM
 2 08/08/20 1719 RES.ANJ1 Ordering Doctor: Jalla, Aditi N MD
 3 08/08/20 1719 RES.ANJ1 Order Source: ePOM

PERMANENT MEDICAL RECORD COPY

RUN DATE: 08/10/20
 RUN TIME: 0100
 RUN USER: HPF.FBED

MEDITECH FACILITY: COCPN
 IDEV - Discharge Report

PAGE 8

PATIENT: TRAUMA2020, PT2909
 ACCOUNT NO: E99900563616

A/S: [REDACTED]
 LOC: E.ERT
 RM:
 DD:

ADMIT: 08/08/20
 DISCH/DEF: 08/08/20
 STATUS: ER
 UNIT NO: D002061401

ATTEND DR: Sagari Stuppelle, Giselle MD
 REPORT STATUS: FINAL

4 08/08/20 1719 RES.ANJ1 Signed by Jalla, Aditi N MD
 5 08/08/20 1720 interface order's status changed from TRANS to LOGGED by RAD
 6 08/08/20 1806 interface order's status changed from LOGGED to IN PRO by RAD
 7 08/08/20 1814 interface order service time edited: old value - 1719
 8 08/08/20 2119 interface order's status changed from IN PRO to COMP by RAI

Electronically signed by Jalla, Aditi N MD on 08/08/20 at 1719

Order Date: 08/08/20

Service

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord	Source	Status	Ordered By
RAD	RAD FOOT MIN 3 VIEWS RT	20200608-0418	08/08/20	1806	3		B		CHP	J.JALAD

Other Provider : Sig Lvl Provider :
 Location: P (Portable)
 Campus? PE
 Reason for exam: Trauma
 Comment:
 :

Order's Audit Trail of Events

1 08/08/20 1719 RES.ANJ1 Order ENTER in POM
 2 08/08/20 1719 RES.ANJ1 Ordering Doctor: Jalla, Aditi N MD
 3 08/08/20 1719 RES.ANJ1 Order Source: ePOM
 4 08/08/20 1719 RES.ANJ1 Signed by Jalla, Aditi N MD
 5 08/08/20 1720 interface order's status changed from TRANS to LOGGED by RAD
 6 08/08/20 1806 ERAD.AT order service time edited: old value - 1719
 7 08/08/20 1806 ERAD.AT order procedure edited:
 8 08/08/20 1806 ERAD.AT old value - FOOT:R - RAD FOOT 2 VIEWS RT
 9 08/08/20 1806 interface order's status changed from LOGGED to IN PRO by RAD
 10 08/08/20 2119 interface order's status changed from IN PRO to COMP by RAI

Electronically signed by Jalla, Aditi N MD on 08/08/20 at 1719

-- IDEV END OF REPORT --

PERMANENT MEDICAL RECORD COPY

8/8/2020 6:05 PM FROM: ePCR Fax from EMSA TO: +1 (405) 271-9163 PAGE: 001 OF 009

EMSA ePCR Faxing System

FACSIMILE COVER PAGE

To: OU MEDICAL CENTER

Fax #: +1 (405) 271-9163

Subject: Patient Care Report for patient MILANOVIC, OGNJEN, Run Number 20135451

Sent: 8/8/2020 6:05:56 PM

Pages: 9

Note: Patient care report being faxed to OU MEDICAL CENTER from ZOLLs Field Data Fax Server

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8/3/2020 6:05 PM FROM: ePCR Fax from EMSA TO: +1 (405) 271-9163 PAGE: 002 OF 009

FINAL

Patient Care Report



EMSA-Western Division

1111 CLASSEN DRIVE
OKLAHOMA CITY, Oklahoma, OK, 73103-2616
(405) 287-7100 Ext.

CAD Response Number: 20177007

CAD Master Incident Number: 20-W-156077

Billing Run Number: 20135451

Date of Service: 08/08/2020

Patient Name: Milanovic, Ognjen

Sex: [REDACTED]

DOB: [REDACTED]

NARRATIVE

C- MVA

H- EMSA was dispatched for reports of a semi vs house. Arrived on scene to find a semi facing northeast in the ditch of the John Kilpatrick Turnpike Duplex is noted to be destroyed, tracks in the ground show to be coming from the southbound lanes of the turnpike, through the duplex, and around to where the semi is resting. Semi is noted to have severe front end damage w/ large amounts of debris in the vehicle. Pt is noted to be a [REDACTED] sitting in the driver seat of the semi who appears to be unrestrained. Pt is noted to be A&Ox2. Pt is noted to have a 1in laceration to his left neck w/ controlled bleeding. Abrasions noted to R ankle w/ possible closed fx. Pt is unaware that he has been in an accident. C-collar was applied to the Pt. Pt was placed on a LSB. LSB taken to stretcher, stretcher taken to ambulance. 18G IV established in the L AC w/ saline lock. Pt became slightly combative and attempted to refuse transport to the ER. Due to AMS Pt was being transported under implied consent. OCFD assisted EMSA during transport. Began emergent transport to OU Medical Center. Pt condition and vitals monitored throughout transport w/ no change in condition. Trauma alert was issued to OU Medical Center. Arrived at OU Medical Center. Pt taken to Trauma 3, transferred to hospital bed via LSB. Report given to Trauma team.

A- GCS 14, A&Ox2, skin pink warm and dry, pupils PERLL, unknown LOC, retrograde amnesia, no JVD, no tracheal deviation, 1in laceration noted to L neck, chest wall stable w/ equal rise and fall, lung sounds clear and equal bilaterally, abdomen soft non-tender, pelvis stable, upper and lower extremities symmetrical w/ good range of motion, abrasions and possible closed fx to R ankle. No other trauma noted.

R- C-collar, LSB, 18G IV established in the L AC w/ saline lock, trauma alert.

T- Emergent transport to OU Medical Center. Pt condition and vitals monitored throughout transport w/ no change in condition. Arrived at OU Medical Center. Pt taken to Trauma 3, transferred to hospital bed via sheet method, report given to Trauma team.
RN signed in place of Pt due to AMS and critical injuries.

IMPRESSIONS

Primary Impression: Injury

Secondary Impressions: Intracranial Injury

ASSESSMENT

ETOH/Drug use:

None Reported

08/08/2020 16:11:00 By: Meadows, Dakota

Body Area	Assessments and Comments	Body Area	Assessments and Comments
Airway	Patent	Breathing	Normal Respirations
Circulation	Pulses - Radial - Weak (1+)	Blood/Fluid Loss	1 - 50 ML
Neck	Bleeding Controlled Laceration	External/Skin	Normal
Mental Status	Confused Oriented-Person Oriented-Time	Neurological	Cerebellar Function-Abnormal Gait-Normal Speech Normal Strength-Normal Strength-Symmetrical
Right Ankle	Bleeding Controlled Fracture-Closed		

08/08/2020 17:02:00 By: Meadows, Dakota

Body Area	Assessments and Comments	Body Area	Assessments and Comments
Airway	Patent	Breathing	Normal Respirations
Circulation	Pulses - Radial - Weak (1+)	Blood/Fluid Loss	1 - 50 ML
Neck	Bleeding Controlled Laceration	External/Skin	Normal
Mental Status	Confused Oriented-Person Oriented-Time	Neurological	Cerebellar Function-Abnormal Gait-Normal Speech Normal Strength-Normal Strength-Symmetrical
Right Ankle	Bleeding Controlled Fracture-Closed		

PATIENT COMPLAINTS

Chief Complaint:

Trauma - MVA (Primary)

10 Minutes

Anatomic Location

PCRID: 1672884

Page 1 of 8

8/6/2020 6:05 PM FROM: ePCR Fax from EMSA TO: +1 (405) 271-9103 PAGE: 003 OF 009

FINAL

Patient Care Report



EMSA-Western Division

1111 CLASSEN DRIVE
OKLAHOMA CITY, Oklahoma, OK, 73103-2616
(405) 297-7100 Ext.

CAD Response Number: 20177007
CAD Master Incident Number: 20-W-156077
Billing Run Number: 20135451
Date of Service: 08/08/2020

Patient Name: Milanovic, Ognjen

Sex: [REDACTED]

DOB: [REDACTED]

General/Global

Organ System

Global/General

Primary Symptom

Amnesia

Other Associated Symptoms

Hemorrhage (1); or Bleeding (2)

Altered mental status

Last On/Offsite

Medical Hx Obtained From

HISTORY

Past Medical History

None Reported

Allergies

No Known Drug Allergy

No Known Environmental/Food
Allergies

Medications

None Reported

TREATMENT SUMMARY

Time	ETA	Treatment	Who performed	Authorized by
2020-08-08 16:34:00	No	Extrication	Fire Department	Protocol (Standing Order)

Complication

Complication Narrative

Agency=Fire Department

Time (Minutes)=3

Time	ETA	Treatment	Who performed	Authorized by	Comments
2020-08-08 16:36:00	No	Spinal Immobilization	Meadows, Dakota	Protocol (Standing Order)	
Complication		Complication Narrative			
Complication=None		Monitored and Evaluated by Dur=EMSA Paramedic		Number of Attempts=1	
Response=Unchanged		Size of Procedure Equipment=Adult		Successful=Yes	
Type=CCollar-Adult					

Time	ETA	Treatment	Who performed	Authorized by	Comments
2020-08-08 16:39:00	No	Patient position	Patient	Protocol (Standing Order)	
Complication		Complication Narrative			
# of Attempts=1		Complication=None		Patient Position=Supine	
Patient Transported On:=EMS Cot		Response=Unchanged		Safety Restraint/Belts Utilize=5 Point Harness (EMS Cot)	
Successful=Yes					

8/3/2020 6:05 PM FROM: ePCR Fax from EMSA TO: #1 (405) 271-9103 PAGE: 004 OF 009

FINAL

Patient Care Report



EMSA-Western Division

1111 CLASSEN DRIVE
OKLAHOMA CITY, Oklahoma, OK, 73103-2616
(405) 297-7100 Ext.

CAD Response Number: 20177007

CAD Master Incident Number: 20-W-156077

Billing Run Number: 20135451

Date of Service: 08/08/2020

Patient Name: Milanovic, Ognjen

Sex: [REDACTED]

DOB: [REDACTED]

TREATMENT SUMMARY CONTINUED

Time	PTA	Treatment	Who performed	Authorized by	Comments
2020-08-08 16:39:00	No	Spinal Immobilization	Meadows, Dakota	Protocol (Standing Order)	
<u>Complication</u>		<u>Complication Narrative</u>			
Complication=None		Monitored and Evaluated by Dur=EMSA Paramedic		Number of Attempts=1	
Response=Unchanged		Size of Procedure Equipment=Adult		Successful=Yes	
Type=Long Spine Board					
Time	PTA	Treatment	Who performed	Authorized by	Comments
2020-08-08 16:45:00	No	Attach Cardiac Monitor	Meadows, Dakota	Protocol (Standing Order)	
<u>Complication</u>		<u>Complication Narrative</u>			
# of Attempts=1		Cardiac Rhythm=Sinus Tachycardia		Complication=None	
ECG Type=4 Lead		Method of Interpretation=Manual Interpretation		Monitored and Evaluated by Dur=EMSA Paramedic	
Procedure Successful=Successful					
Time	PTA	Treatment	Who performed	Authorized by	Comments
2020-08-08 16:48:00	No	IV/O	EMSA Field Operations Supervisor	Protocol (Standing Order)	
<u>Complication</u>		<u>Complication Narrative</u>			
Complication=None		IV/O Site=Antecubital-Left		Monitored and Evaluated by Dur=EMSA Paramedic	
Number of Attempts=1		Procedure Successful=Successful		Response=Unchanged	
Size=18 G		Solution=Saline Lock			
Time	PTA	Treatment	Who performed	Authorized by	Comments
2020-08-08 16:59:00	No	Hospital Activation	Meadows, Dakota	Protocol (Standing Order)	
<u>Complication</u>		<u>Complication Narrative</u>			
Activation Type=Trauma (General)					

8/8/2020 6:05 PM FROM: ePCR Fax from EMSA TO: #1 (405) 271-9163 PAGE: 005 OF 009

FINAL**Patient Care Report****EMSA-Western Division**

1111 CLASSEN DRIVE
OKLAHOMA CITY, Oklahoma, OK, 73103-2616
(405) 297-7100 Ext.

CAD Response Number: 20177007

CAD Master Incident Number: 20-W-156077

Billing Run Number: 20135451

Date of Service: 08/08/2020

Patient Name: Milanovic, Ognjen

Sex: [REDACTED]

DOB: [REDACTED]

VITAL SIGNS

Time	PTA	BP	Pulse	Monitor Rate	Respiratory	SpO2	EtCO2	Glucose	GCS
08/08/2020 16:44:24	No	155/111	161, Automated Cuff		<None>				E4 + V4 + M6 = 14
Level of Consciousness: Alert									
Taken by: Meadows, Dakota									
08/08/2020 16:45:00	No	0	<None>		<None>				
Cardiac Rhythm: Sinus Tachycardia									
Taken by: Meadows, Dakota									
08/08/2020 16:52:00	No	188/120	174, Automated Cuff		<None>	87%			
Taken by:									
08/08/2020 16:53:21	No	178/110	165, Automated Cuff		<None>	85%			
Taken by:									
08/08/2020 17:02:23	No	171/114	149, Automated Cuff		<None>	85%			E4 + V4 + M6 = 14
Level of Consciousness: Alert									
Taken by: Meadows, Dakota									

CREW INFO**RESPONSE INFO****DISPOSITION****TIMES**

Vehicle: 390	Med/Trauma:	Type of Service: 911 Response (Scene)	Record: 16 20:30 08-08-20
Primary Mode: Ground Transport	Resp Priority: 1-Enter Life Threat	Outcome: Transported	Dispatch: 16 20:50 08-08-20
Crew #1 ID: Meadows, Dakota	Nature of Call: Traffic/Trans. Acc. FR	Destination: OU MEDICAL CENTER 700 NE 13TH ST OKLAHOMA CITY, OKLAHOMA, OK 73104	En Route: 16 20:55 08-08-20
Crew #1 Role: Primary Patient Caregiver: N Scope	EMD Performed: Yes, With Pre-Arrival Instructions	Dest. Reason: Protocol	At Patient: 16 31:00 08-08-20
Crew #1 Level: EMT-Paramedic	MPCS Determinant: Traffic/Trans. Acc. FR	Dest. Type:	Transport: 16 50:05 08-08-20
Crew #2 ID: Green, Austin	Location: [REDACTED]		At Dest: 17 10:44 08-08-20
Crew #2 Role: Driver/Paramedic Response		Transport Miles: 6.0	In Service: 17 40:34 08-08-20
Crew #2 Level: EMT-Basic	Pt. Found: Vehicle	Cond at Dest:	
Crew #3 ID:	No of Patients: 0	Barriers to Care: Altered Mental Status	
Crew #3 Role:	Possible Injury: Yes	Pt. Transported: Supine - Stretcher, Stairchair	
Crew #3 Level:	Scene Delay: None/No Delay	Trans. Delay: None	
Assisted By: OCFD	Sending Fac Med Rec No:	Dest Delay: None/No Delay	
	Protocol Used: 10A HEAD/NECK/SPINE INJURY - Adult and Pediatric 10G - Extremity/Respiration Injury - Adult and Pediatric	Dest Fac Med Rec No: E002961401	
		Recv Doctor:	

Page 4 of 8

9/8/2020 6:05 PM FROM: ePCR Fax From EMSA TO: +1 (405) 271-9163 PAGE: 006 OF 009

FINAL

Patient Care Report



EMSA-Western Division

1111 CLASSEN DRIVE
OKLAHOMA CITY, Oklahoma, OK, 73103-2616
(405) 297-7100 Ext.

CAD Response Number: 20177007

CAD Master Incident Number: 20-W-156077

Billing Run Number: 20135451

Date of Service: 08/08/2020

Patient Name: Milanovic, Ognjen

Sex: [REDACTED]

DOB: [REDACTED]

PATIENT INFORMATION

Name: Milanovic, Ognjen

Phone: [REDACTED]

Home Country: United States

SSN: 000-00-0000

DOB: 07/09/1984 (36 yrs)

Home Addr: 33 FOUR WINDS DR

Sex: Male

Weight: 176 lbs (77.1 kgs)

Race: White

Height: 5.10

Ethnicity:

Emergency Info Form:

Mailing Addr:

Breakdown

LUN: [REDACTED]

Lunch Color:

Advanced Directive: None

Doctor:

PATIENT BELONGINGS TRANSPORTED

Personal Belongings Transported: Wallet/purse

Other Personal Belongings Transported:

Personal Belongings Left With: Medical Staff

NEXT OF KIN

Name:

Phone:

Relationship:

SSN:

DOB:

Q+R:

Home Addr:

INSURANCE

no insurance information entered

TRAUMA

MVA DETAILS:

From Location:

Position:

Front Seat-Left Side (or motorcycle driver)

Height of Fall:

Trauma

MVA - Damage - Main Area of
Impact - Rear Passenger Quarter
Panel

Cause of Injury

MVC-Heavy Duty Vehicle Injury
(Occupant)

Mechanism of Injury

Blunt

TRAUMA SCORES

17:27 Revised Trauma Score

Overall Score: 12

Glasgow Coma Score: 13 - 15 (4), Score = 4

Respiratory Rate: 12 - 24 per minute (4), Score = 4

Systolic Blood Pressure: >89 mm Hg (4), Score = 4

Comments

MISCELLANEOUS

Trauma Registry ID:

Pat ID Band/Tag #

PD Case Number:

Fire Inc Report #

Medical Necessity

PT Moved to Cot Via: Spine Board

Stretcher Necessity: AMS

PT Bed Confinement: No

SIGNATURES

Time

Type

Who signed

Reason Pt. Unable To Sign/Consent

08/08/2020 17:15:05

Facility Acceptance

Nurse (RN) - RN, Melissa

Not Signed - Critically Ill or Injured Patient

8/8/2020 6:05 PM FROM: ePCR Fax from EMSA TO: 41 (405) 271-9163 PAGE: 007 OF 009

FINAL**Patient Care Report****EMSA-Western Division**

1111 CLASSEN DRIVE
OKLAHOMA CITY, Oklahoma, OK, 73103-2616
(405) 297-7100 Ext.

CAD Response Number: 20177007**CAD Master Incident Number: 20-W-156077****Billing Run Number: 20135451****Date of Service: 08/08/2020****Patient Name: Milanovic, Ognjen****Sex:** [REDACTED]**DOB:** [REDACTED]

I am a representative of the institution named below. I certify that our institution has furnished or will furnish care or other services to the above-named patient. In the event the patient or another authorized representative cannot sign this report, I hereby sign on the patient's behalf to permit EMSA to submit a claim for its services to Medicare. My signature is not an acceptance of financial responsibility for the patient. Further, I am signing this to acknowledge that the patient and pertinent information about the patient was received by our institution pursuant to Oklahoma State Department of Health Regulations 310:641-3-63 1.B

X **Witness:**

Dakota Meadows

X 

08/08/2020 17:27:54

Crew Member Certification

Crew Member #1 - Meadows, Dakota

Not Signed - Critically Ill or Injured Patient

I, Dakota Meadows, attest that the patient, was unable to sign consent for treatment and transport due to the reason listed above.

X **CREW INFORMATION****Start Date/Time:** 08/08/2020 08:15

Crew #	Name	Crew #	Name
7208	Meadows, Dakota	7061	Green, Austin
License:	EMT-P-74725	License:	EMT - 77346
Level:	EMT-Paramedic	Level:	EMT-Basic

X X **ECG FULL DISCLOSURE REPORT****Physio-Control LIFEPAK 12/15 Defibrillator Full Disclosure Report**

8/8/2020 6:05 PM FROM: ePCR Fax from EMSA TO: #1 (405) 271-9163 PAGE: 008 of 009

FINAL**Patient Care Report****EMSA-Western Division**

1111 CLASSEN DRIVE
OKLAHOMA CITY, Oklahoma, OK, 73103-2616
(405) 287-7100 Ext.

CAD Response Number: 20177007

CAD Master Incident Number: 20-W-156077

Billing Run Number: 20135451

Date of Service: 08/08/2020

Patient Name: Milanovic, Ognjen

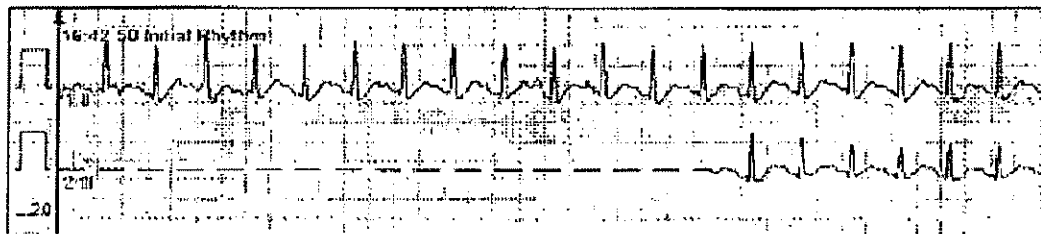
Sex: [REDACTED]

DOB: [REDACTED]

8/8/2020 4:42:14PM

16:42:14 Power On

8/8/2020 4:42:14PM



8/8/2020 4:42:14PM

16:44:25 NIBP
16:47:13 Vital Signs
16:49:31 NIBP
16:51:38 NIBP
16:52:31 NIBP
16:52:40 NIBP
16:53:21 NIBP
16:53:31 Vital Signs
16:58:31 Vital Signs
17:02:23 NIBP
17:03:31 Vital Signs

8/8/2020 4:42:14PM

17:08:31 Vital Signs

CARDIAC ARRESTCardiac Arrest

No

Arrest EtiologyResuscitation AttemptedInitial CPR

Page 7 of 8

8/8/2020 6:05 PM FROM: ePCR Fax from EMSA TO: #1 (405) 271-9163 PAGE: 009 OF 009

FINAL

Patient Care Report



EMSA-Western Division

1111 CLASSEN DRIVE
OKLAHOMA CITY, Oklahoma, OK, 73103-2618
(405) 297-7100 Ext.

CAD Response Number: 20177007

CAD Master Incident Number: 2D-W-156077

Billing Run Number: 20135451

Date of Service: 08/08/2020

Patient Name: Milanovic, Ognjen

Sex: [REDACTED]

DOB: [REDACTED]

Arrest Witnessed by
First Monitored Rhythm
Spontaneous Circulation
Discontinued Reason
Rhythm at Destination
Therapeutic Hypothermia
Time of Cardiac Arrest
CPR Provided Prior to EM
AED Used Prior to EMS Ca
END OF CARDIAC ARREST EV
AED Used BY
CPR Provided By

Radiology Contrast Administration/Imaging Procedure Assessment

Date: 8.8.2020 Procedure: CAPc Neck Angio
 History/Reason for Procedure: TRAUMA

IV Contrast

GFR to be calculated. Use policy for guidance.

Creatinine: _____ mg/dL

GFR: _____ mL/min/1.73m²Contrast Injection: ☐ Power Port ☒ IV Line ☐ PICC ☐ Central LineIV Status: ☒ Existing ☐ Started in Radiology

Type contrast agent: _____

Hand injection - Volume used: _____ ml

Power Injector - Volume: 100 cc Rate/sec: 2 mlInjection time: 1732 Injection Site/Side: LAC**Oral Contrast**Type: ☐ Water ☐ Gastrografin ☐ OtherAdministered: ☐ P.O. ☐ NGT ☐ Other: _____

Volume Used: _____ ml

Rectal Contrast (Gastrografin)

Volume Used: _____ ml

Cystogram (Isovue)

Type/Volume Used: _____ ml

Reaction: ☒ None ☐ Yes (Please complete QM in Meditech)Extravasation: ☒ None ☐ Yes (Please complete QM in Meditech)

Technologist Signature: _____

Date: 8.8.2020Time: 1745**Radiologist/Physician Contrast Risk Reduction Plan/Additional Testing**

Risk Reduction Plan	<input type="checkbox"/> Defer test
<input type="checkbox"/> Perform test without contrast	<input type="checkbox"/> Mucomyst:
<input type="checkbox"/> I.V. Hydration: _____	<input type="checkbox"/> Minimize contrast dose - Amount: _____ ml

Perform additional testing:

Physician signature/date/time only required for any modifications of orders or standard protocol and any additional testing performed not on the original order.

Physician Signature: _____

Date: _____

Time: _____



TREAT

RADIOLOGY CONTRAST ADMINISTRATION IMAGING PROCEDURE ASSESSMENT

Page 1 of 1
 EDEM5525 / Rev. Date 7/25/2017



TRAUMA2020,PT2909

Acct # E99900563616 MR# E002961401

Loc: DOB: _____
 Does Not Know

RUN DATE: 08/14/20 OU Medical Center Laboratory Page: 1
 RUN TIME: 0202 1200 Everett Drive, Oklahoma City, OK 73104 * 405-271-6161
 HPF LAB Discharge Summary Report w/o Pathology

PATIENT: MILANOVIC, OGNJEN ACCT #: E99900563616 LOC: Z.ERFT U #: E002961401
 AGE/SX: ROOM: REG: 08/08/20
 REG DR: Zagari Stuppiello, Gisel STATUS: DEP ER BED: DIS:

*** HEMATOLOGY ***

*** COMPLETE BLOOD COUNT ***

Date	08/08/20	Reference	Units
Time	1715		
WBC	7.69	(4.00-11.00)	K/mm3
RBC	4.73	(4.50-5.90)	M/mm3
HGB	16.1	(13.0-18.0)	g/dL
HCT	45.7	(39.0-52.0)	%
MCV	96.6	(80.0-99.0)	fL
MCH	34.0	(27.0-34.0)	pg
MCHC	35.2	(32.0-36.0)	g/dL
RDW	12.2	(11-15)	%
PLT	175	(140-440)	K/mm3
MPV	10.3	(9.3-12.2)	fL
GRAN %	68.6	(39.0-78.0)	%
LYMPH %	20.8	(15.0-46.0)	%
MONO %	9.6	(2.0-14.0)	%
EOS %	0.0	(0-5.0)	%
BASO %	0.7	(0-2.0)	%
IG%	0.3	(0-0.6)	%
GRAN #	5.28	(1.6-8.6)	K/mm3
LYMPH #	1.60	(0.6-5.1)	K/mm3
MONO #	0.74	(0.1-1.5)	K/mm3
EOS #	0.00	(0-0.7)	K/mm3
BASO #	0.05	(0-0.2)	K/mm3

*** COAGULATION ***

Date	08/08/20	Reference	Units
Time	1715		
PT PATIENT	11.4 (A)	(10.0-13.0)	seconds
(A) Please note new reference range.			
INR	1.0 (B)	(0.9-1.2)	Ratio
(B) Indication INR			
Prophylaxis/treatment of:			
Venous Thrombosis, Pulmonary Embolism.....2.0-3.0			
Prevention of systemic embolism from:			
Tissue heart valves2.0-3.0			
Acute myocardial infarction (to prevent systemic embolism).....2.0-3.0			
Valvular heart disease.....2.0-3.0			
Atrial fibrillation.....2.0-3.0			
Mechanical prosthetic valves (high risk).....2.5-3.5			

** CONTINUED ON NEXT PAGE **

RUN DATE: 08/14/20 OU Medical Center Laboratory Page: 2
 RUN TIME: 0202 1200 Everett Drive, Oklahoma City, OK 73104 * 405-271-6161
 HPF LAB Discharge Summary Report w/o Pathology

Patient: MILANOVIC, OGNJEN #E99900563616 (Continued)

*** COAGULATION *** (continued)

Date	08/08/20			Reference	Units
Time	1715				
PTT	24.1(C) L			(26.0-37.0)	seconds

(C) See (D), (E)

(D) Heparin Therapeutic Range = 70.0 - 100.0 Seconds.

Argatroban Therapeutic Range= 1.5 - 3 x baseline aPTT

Please note new therapeutic range.

(E) Please note new reference range.

*** URINALYSIS ***

Date	08/08/20			Reference	Units
Time	1752				
UA COLOR	YELLOW			(YELLOW)	
UA CLARITY	CLEAR			(CLEAR)	
UA SPEC GRAVITY	1.040 (F) H			(1.007-1.030)	

(F) Tested by refractometer, some methodological differences have been noted in specific gravity measurements by chemical reaction compared to refractometer.

UA pH	6.0			(5.0-8.0)	
UA GLUCOSE	NEGATIVE			(NEGATIVE)	
UA BILIRUBIN	NEGATIVE			(NEGATIVE)	
UA KETONE	1+			(NEGATIVE)	
UA BLOOD	NEGATIVE			(NEGATIVE)	
UA PROTEIN	1+			(NEGATIVE)	
UA UROBILINOGEN	2.0			(< 2=NORMAL)	mg/dL
UA NITRITE	NEGATIVE			(NEGATIVE)	
UA LK ESTERASE	NEGATIVE			(NEGATIVE)	
UA RBC	0-2			(0-2)	/hpf
UA WBC	0-2			(0-5)	/hpf
CULTURE Y/N ?	(G)			(NO CULT.IND)	

(G) CULT. NOT INDICATED

UA SQUAM CELLS	0-2			(VARIABLE)	/hpf
UA MUCUS	LIGHT				/hpf

** CONTINUED ON NEXT PAGE **

RUN DATE: 08/14/20 OU Medical Center Laboratory Page: 3
 RUN TIME: 0202 1200 Everett Drive, Oklahoma City, OK 73104 * 405-271-6161
 HPF LAB Discharge Summary Report w/o Pathology

Patient: MILANOVIC, OGNJEN #299900563616 (Continued)

*** CHEMISTRY ***

Date	08/08/20		Reference	Units
Time	1715			
SODIUM (NA)	138		(136-145)	mEq/L
K	3.4 L		(3.5-5.1)	mEq/L
CHLORIDE	96 L		(97-109)	mEq/L
CO2	18 L		(23-32)	mEq/L
ANION GAP	24 H		(4-14)	
BUN	10		(7-17)	mg/dL
CREATININE	0.96		(0.7-1.1)	mg/dL
GFR NON AFRICAN	>59		(>59)	
GFR AFRICAN AME	>59(H)		(>59)	

(H) * Estimated GFR Units = mL/min/1.73 square meters *
 Calculation performed using the MDRD Study equation.

GLUCOSE	156 H		(66-111)	mg/dL
TOTAL PROTEIN	7.2		(6.1-7.7)	g/dL
ALBUMIN	4.8		(3.8-5.1)	g/dL
A/G RATIO	2.0		(1.0-2.2)	
CALCIUM	9.7		(8.7-10.1)	mg/dL
BILIRUBIN TOTAL	1.7 H		(0.3-1.2)	mg/dL
SGOT/AST	63 H		(8-41)	Units/L
ALT	52 H		(12-48)	Units/L
ALK PHOS TOTAL	98		(63-157)	Units/L
AMYLASE	64		(25-109)	Units/L
LIPASE	42		(9-65)	Units/L

Test	Date	Time	Result	Reference	Units
IG#	08/08/20	1715	0.02	(0-0.06)	K/mm3

*** VIROLOGY ***

Source: Nasopharyngeal Swab

20:PN:V0051286R COMP, Coll: 08/08/20-1722 Recd: 08/08/20-1728 (R#25538212) Blair, Scott DO

Source: Nasopharynx Spec Desc: NOT SPECIF

Ordered: SARS-CoV-2 PCR

Comment: Pre-procedure? Y

Procedure Date: 08/08/20

Inpatient/admission? N

Suspected COVID infection? N

DOC, LTAC, or Nursing Home resident? N

SARS-CoV-2 PCR Final 08/08/20

Not Detected (Negative)

METHOD PCR:

Final 08/08/20

Method Comment and Disclaimer:

The Xpert Xpress SARS-CoV-2 test is designed for the

** CONTINUED ON NEXT PAGE **

RUN DATE: 08/14/20 OU Medical Center Laboratory Page: 4
 RUN TIME: 0202 1200 Everett Drive, Oklahoma City, OK 73104 * 405-271-6161
 HPF LAB Discharge Summary Report w/o Pathology

 Patient: MILANOVIC, OGNJEN #E99900563616 (Continued)

*** VIROLOGY *** (continued)

Source: Nasopharyngeal Swab (continued)

20:PN:V0051286R COMP, Coll: 08/08/20-1722 Recd: 08/08/20-1728 (R#25538212) Blair, Scott DO
 Source: Nasopharynx Spec Desc: NOT SPECIF
 Ordered: SARS-CoV-2 PCR
 Comment: Pre-procedure? Y
 Procedure Date: 08/08/20
 Inpatient/admission? N
 Suspected COVID infection? N
 DOC, LTAC, or Nursing Home resident? N

METHOD PCR:

(continued)

qualitative detection of the N2 gene and E gene of
 SARS-CoV-2 using real-time RT-PCR to aid in diagnosis of
 SARS-CoV-2 virus infection.

A result of "Presumptive Positive" indicates the specimen
 tested positive for the E gene only. This result could also
 be compatible with infection with SARS-CoV-1 (the original
 SARS virus identified in 2003) or other Sarbecoviruses not
 known to currently infect humans. "Presumptive Positive"
 results in the current epidemiological environment should be
 interpreted as positive for SARS-CoV-2/COVID-19 infection.

A Negative/Not Detected result does not preclude the
 possibility of SARS-CoV-2 infection since the adequacy of
 sample collection and/or low viral burden may result in the
 presence of viral nucleic acid levels below the analytical
 sensitivity of this test method. Test results should be used
 along with other clinical and laboratory data in making a
 diagnosis of SARS-CoV-2 infection.

This test has received FDA Emergency Use Authorization and
 has been verified by the OUM Virology Laboratory. This test
 is only authorized for the duration of the declaration and
 the circumstances that exist to justify the authorization of
 the emergency use of in vitro diagnostic tests for the
 detection of SARS-CoV-2 virus and/or diagnosis of COVID-19
 infection under section 564(b)(1) of the Act, 21
 U.S.C. 360bbb-3(b)(1), unless the authorization is terminated
 or revoked sooner. The OUM Virology Laboratory is certified
 under CLIA-88 as qualified to perform high complexity
 testing.

For more information on SARS-CoV-2 and the Cepheid Xpert
 Xpress SARS-CoV-2 assay, please refer to the following fact
 sheets:

Fact Sheet for Healthcare Providers:
<https://www.fda.gov/media/136313/download>
 Fact Sheet for Patients:
<https://www.fda.gov/media/136312/download>

** CONTINUED ON NEXT PAGE **

RUN DATE: 08/14/20 OU Medical Center Laboratory Page: 5
RUN TIME: 0202 1200 Everett Drive, Oklahoma City, OK 73104 * 405-271-6161
 HPF LAB Discharge Summary Report w/o Pathology

Patient: MILANOVIC, OGNJEN #E99900563616 (Continued)

*** BLOOD BANK ***

COLLECTED: Aug 8, 2020 5:15pm

> BLOOD TYPE A POS
> ANTIBODY SCREEN NEGATIVE

COLLECTED: Aug 8, 2020 5:55pm

> 2ND MAN CONFIRM A POS

*** END OF REPORT ***

OU MEDICAL CENTER
 700 N.E. 13th CT SCAN
 Oklahoma City, OK 73104 CONSULTATION REPORT
 PHONE: (405) 271-4723
 FAX: (405) 271-7460

LOC/RM: E.ERT/ PACS ID: E2296550 MRN: E002961401
 PT. TYPE: REG ER CAMPUS: PE PT: TRAUMA2020,PT2909
 ACCT#: E99900563616 DOB: [REDACTED] AGE: [REDACTED] SEX: [REDACTED]

ORD PROV: 1700908068 Zagari Stuppiello,Giselle EXAM START: 08/08/20 1730
 ATT PROV: 1700908068 Zagari Stuppiello,Giselle EXAM ENDED: 08/08/20 1750
 ADMISSION CLINICAL DATA: TRAUMA2020,PT2909 S/P MVC

EXAMS:	CPT:
006497588 CT ABD AND PELVIS W CONTRAST	74177
006497590 CT CHEST W CONTRAST	71260
006497595 CT RECONS LUMBAR SPINE	76140
006497596 CT RECONS THORACIC SPINE	76140

- CT CHEST W CONTRAST, - CT RECONS THORACIC SPINE, - CT RECONS LUMBAR SPINE, - CT ABD AND PELVIS W CONTRAST

History: MVC. Trauma #2909

Comparison: None.

Technique: After the intravenous infusion of 100 mL of Isovue 370, serial helical tomographic images of the chest, abdomen and pelvis were obtained. Multiple thin slice reconstructed axial images of the thoracic and lumbar spine were then obtained from the raw data acquisition. Additionally, sagittal and coronal reformatted images of the chest, abdomen, pelvis, thoracic and lumbar spine were provided for review.

FINDINGS:

Partially visualized soft tissue hematoma in the left neck, please refer to separately dictated same-day CT neck for further findings.

The lungs are essentially clear without focal consolidation, pneumothorax, pleural effusion or pulmonary masses. The heart, great vessels and pulmonary vasculature are within normal limits. There is no significant thoracic lymphadenopathy.

Remote deformity of left lateral rib 6 otherwise, the osseous structures and overlying soft tissues of the chest wall are intact. Specifically, the thoracic spine demonstrates no acute osseous injury.

Within the abdomen, the liver, gallbladder, biliary tract, pancreas, spleen, bilateral kidneys and bilateral adrenal glands demonstrate no acute process. Low-attenuation within the liver along the falciform ligament is suggestive of focal fat. The visualized gastrointestinal tract demonstrates no acute process.

Within the pelvis, the urinary bladder, prostate gland and seminal vesicles are within normal limits. There is no evidence of intra-abdominal or pelvic lymphadenopathy, free fluid or free air. The abdominal and pelvic vasculature is within normal limits.

The visualized osseous structures and overlying soft tissues of the

PAGE 1

Signed Report

(CONTINUED)

OU MEDICAL CENTER
 700 N.E. 13th CT SCAN
 Oklahoma City, OK 73104 CONSULTATION REPORT
 PHONE: (405) 271-4723
 FAX: (405) 271-7460

LOC/RM: E.ERT/ PACS ID: E2296550 MRN: E002961401
 PT. TYPE: REG ER CAMPUS: PE PT: TRAUMA2020,PT2909
 ACCT#: E99900563616 DOB: AGE: SEX:

ORD PROV: 1700908068 Zagari Stuppiello,Giselle EXAM START: 08/08/20 1730
 ATT PROV: 1700908068 Zagari Stuppiello,Giselle EXAM ENDED: 08/08/20 1750
 ADMISSION CLINICAL DATA: TRAUMA2020,PT2909 S/P MVC

EXAMS:	CPT:
006497588 CT ABD AND PELVIS W CONTRAST	74177
006497590 CT CHEST W CONTRAST	71260
006497595 CT RECONS LUMBAR SPINE	76140
006497596 CT RECONS THORACIC SPINE	76140

<Continued>

abdomen and pelvis are intact. Specifically, the lumbar spine demonstrates no acute osseous injury.

IMPRESSION:

No evidence of acute intrathoracic, intra-abdominal or intrapelvic injury.

No evidence of acute injury in the osseous thoracic and lumbar spine.

Partially visualized left neck soft tissue hematoma, please see separately dictated same day CTA neck for further findings.

These findings were discussed with Dr. Farnell of the Trauma Service at 1844 on 8/8/2020.

I have personally viewed the images and/or data and approve the report.

** Electronically Signed by 314 KRISTIN L REBIK DO **
 ** on 08/08/2020 at 2010 **
 RESIDENT: PAIGE MONFORE, MD
 Reported and signed by: KRISTIN L REBIK, DO 314

 DICTATED: 08/08/2020 @ 1830 TRANSCRIBED: 08/08/20 @ 1845
 TYPIST: RAD.VR PRINTED: 08/08/2020 @ 2012
 E-SIGNATURE DATE/TIME: 08/08/2020 @ 2010 DR.REBKR BATCH: N/A

PAGE 2 Signed Report

OU MEDICAL CENTER
 700 N.E. 13th CT SCAN
 Oklahoma City, OK 73104 CONSULTATION REPORT
 PHONE: (405) 271-4723
 FAX: (405) 271-7460

LOC/RM: E.ERT/ PACS ID: E2296550 MRN: E002961401
 PT. TYPE: REG ER CAMPUS: PE PT: TRAUMA2020,PT2909
 ACCT#: E99900563616 DOB: [REDACTED] AGE: [REDACTED] SEX: [REDACTED]

ORD PROV: 1326577156 Jalla, Aditi N MD EXAM START: 08/08/20 1730
 ATT PROV: 1700908068 Zagari Stuppiello, Giselle EXAM ENDED: 08/08/20 1750
 ADMISSION CLINICAL DATA: TRAUMA2020,PT2909 S/P MVC

EXAMS:	CPT:
006497586 CT BRAIN WO CONTRAST	70450
006497587 CT C SPINE WO CONTRAST	72125
006497589 CT NECK ANGIOGRAM	70498

CT brain and cervical spine without contrast; CTA Neck

History: MVC. Trauma #2909.

Comparison: None.

Technique: Serial axial tomographic images of the brain and the cervical spine were obtained without the use of intravenous contrast. Additionally, multiplanar reformatted images of the cervical spine were also provided for review. Subsequently, after the intravenous infusion of 100 mL Isovue-370, imaging of the neck was obtained using angiogram protocol. Multiplanar CTA reformations and shaded surface 3-D MIP reconstructions were provided.

Findings:

No hydrocephalus. No mass effect. No midline shift. No acute intracranial hemorrhage. Basal cisterns are maintained. No focal osseous defects of the calvarium.

The included orbits and their contents appear intact. The visualized paranasal sinuses, mastoid air cells and middle ear cavities are clear.

Within the cervical spine, there is no evidence of a fracture or subluxation. The atlantooccipital and atlantoaxial articulations are intact. Likewise, the dens is unremarkable. Vertebral body height and alignment are well maintained. The disc spaces are preserved. The spinal canal and neural foramina are widely patent. There is no evidence of facet lock or perch. The posterior elements including the spinous processes are intact. The prevertebral soft tissues are unremarkable.

Left-sided arch with three-vessel branching. The left vertebral artery is dominant. The bilateral common carotid, internal carotid and vertebral arteries are well opacified and demonstrate normal courses.

There is no evidence to suggest arterial injury.

The soft tissues of the left neck, at the level of C5 there is a soft tissue laceration/hematoma. No evidence of acute bleeding. There is a hyperdense, 0.4 cm focus in the superficial soft tissues in this

PAGE 1

Signed Report

(CONTINUED)

OU MEDICAL CENTER
 700 N.E. 13th
 Oklahoma City, OK 73104
 CT SCAN
 CONSULTATION REPORT
 PHONE: (405) 271-4723
 FAX: (405) 271-7460

LOC/RM: E.ERT/ PACS ID: E2296550 MRN: E002961401
 PT. TYPE: REG ER CAMPUS: PE PT: TRAUMA2020,PT2909
 ACCT#: E99900563616 DOB: AGE: SEX:

ORD PROV: 1326577156 Jalla, Aditi N MD EXAM START: 08/08/20 1730
 ATT PROV: 1700908068 Zagari Stuppiello, Giselle EXAM ENDED: 08/08/20 1750
 ADMISSION CLINICAL DATA: TRAUMA2020,PT2909 S/P MVC

EXAMS: CPT:
 006497586 CT BRAIN WO CONTRAST 70450
 006497587 CT C SPINE WO CONTRAST 72125
 006497589 CT NECK ANGIOGRAM 70498
 <Continued>

region (4/46) concerning for foreign body.

Included portions of the lung apices reveal no acute abnormality.

Impression:

No acute intracranial process.

No evidence of acute injury in the osseous cervical spine.

No evidence of arterial injury in the neck.

Left neck soft tissue laceration/hematoma without evidence of active bleeding. There is a hyperdense focus measuring approximately 0.4 cm concerning for foreign body.

These findings were discussed with Dr. Jalla of the Trauma Service at 1829 on 8/8/2020.

ATTENDING NOTE:

Punctate hyperdensity along the lateral aspect of the left globe (CT head: 401, 13), may represent a foreign body. Correlate clinically.

Otherwise agree with the above report.

I have personally viewed the images and/or data and approve the report.

** Electronically Signed by 384 ANJALI LAL MD on 08/08/2020 at 2002 **
 RESIDENT: PAIGE MONFORE, MD
 Reported and signed by: ANJALI LAL, MD 384

 DICTATED: 08/08/2020 @ 1808 TRANSCRIBED: 08/08/20 @ 1829
 TYPIST: RAD.VR PRINTED: 08/08/2020 @ 2004
 E-SIGNATURE DATE/TIME: 08/08/2020 @ 2002 DR.LALAN BATCH: N/A

PAGE 2

Signed Report

OU MEDICAL CENTER
 700 N.E. 13th
 Oklahoma City, OK 73104
 RADIOLOGY
 CONSULTATION REPORT
 PHONE: (405) 271-4723
 FAX: (405) 271-7464

LOC/RM: E.ERT/
 PT. TYPE: REG ER
 ACCT#: E99900563616
 PACS ID: E2296550
 CAMPUS: PE
 DOB: [REDACTED]
 MRN: E002961401
 PT: TRAUMA2020,PT2909
 AGE: [REDACTED]
 SEX: [REDACTED]

ORD PROV: 1326577156 Jalla,Aditi N MD
 ATT PROV: 1700908068 Zagari Stuppiello,Giselle
 ADMISSION CLINICAL DATA: TRAUMA2020,PT2909 S/P MVC
 EXAM START: 08/08/20 1805
 EXAM ENDED: 08/08/20 1805

EXAMS: CPT:
 006497591 RAD ANKLE MIN 3 VIEWS RT 73610
 006497592 RAD FOOT MIN 3 VIEWS RT 73630

- RAD ANKLE MIN 3 VIEWS RT, - RAD FOOT MIN 3 VIEWS RT

History: trauma.

Comparison: None.

Findings:

Frontal, lateral and oblique views of the right ankle and right foot are provided without comparison.

In the right ankle, no acute fractures or dislocations are demonstrated. The overlying soft tissues appear intact.

In the right foot, there is a small hyperdensity in the soft tissues along the lateral base of the fifth metatarsal measuring up to 0.5 cm. No dislocation or discrete osseous donor site is identified. No soft tissue gas. The remaining surrounding soft tissues are intact.

Impression:

1. No radiographic evidence of an acute injury in the left ankle.
2. In the right foot, there is a small hyperdensity projecting in the soft tissues lateral to the base of the fifth metatarsal, which is of uncertain etiology. Recommend correlation for tenderness at this site.

** Electronically Signed by 314 KRISTIN L REBIK DO **
 ** on 08/08/2020 at 2117 **

Reported and signed by: KRISTIN L REBIK, DO 314

DICTATED: 08/08/2020 @ 2111
 TYPIST: RAD.VR
 E-SIGNATURE DATE/TIME: 08/08/2020 @ 2117 DR.REBKR
 TRANSCRIBED: 08/08/20 @ 2111
 PRINTED: 08/08/2020 @ 2119
 BATCH: N/A

PAGE 1

Signed Report

OU MEDICAL CENTER
 700 N.E. 13th
 Oklahoma City, OK 73104
 RADIOLOGY
 CONSULTATION REPORT
 PHONE: (405) 271-4723
 FAX: (405) 271-7464

LOC/RM: E.ERT/
 PT. TYPE: REG ER
 ACCT#: E99900563616

PACS ID: E2296550
 CAMPUS: PE
 DOB: [REDACTED]

MRN: E002961401
 PT: TRAUMA2020,PT2909
 AGE: [REDACTED] SEX: [REDACTED]

ORD PROV: 1851688923 Blair, Scott DO
 ATT PROV: 1700908068 Zagari Stuppiello, Giselle
 ADMISSION CLINICAL DATA: TRAUMA2020,PT2909 S/P MVC

EXAM START: 08/08/20 1724
 EXAM ENDED: 08/08/20 1726

EXAMS:
 006497580 RAD CHEST 1 VIEW

CPT:
 71045

- RAD CHEST 1 VIEW

History: MVC.

Comparison: None.

Findings:

An AP supine view of the chest is provided without comparison.

The inferior aspect of the right costophrenic angle is excluded from the field-of-view. The lungs are clear and well expanded. Heart size and pulmonary vasculature are within normal limits.

The visualized osseous structures demonstrate no acute abnormality.

Impression:

No radiographic evidence of an acute cardiopulmonary process.

** Electronically Signed by 314 KRISTIN L REBIK DO **
 ** on 08/08/2020 at 2109 **
 Reported and signed by: KRISTIN L REBIK, DO 314

DICTATED: 08/08/2020 @ 2109
 TYPIST: RAD.VR
 E-SIGNATURE DATE/TIME: 08/08/2020 @ 2109 DR.REBKR

TRANSCRIBED: 08/08/20 @ 2109
 PRINTED: 08/08/2020 @ 2112
 BATCH: N/A

PAGE 1

Signed Report

700 N.E. 13th
Oklahoma City, OK 73104

OU MEDICAL CENTER
RADIOLOGY
CONSULTATION REPORT

PHONE: (405) 271-4723
FAX: (405) 271-7464

LOC/RM: E.ERT/
PT. TYPE: REG ER
ACCT#: E99900563616

PACS ID: E2296550
CAMPUS: PE PT:
DOB: [REDACTED] AGE: [REDACTED] SEX: [REDACTED]

MRN: E002961401
TRAUMA2020,PT2909

ORD PROV: 1851688923 Blair, Scott DO EXAM START: 08/08/20 1724
ATT PROV: 1700908068 Zagari Stuppiello, Giselle EXAM ENDED: 08/08/20 1726
ADMISSION CLINICAL DATA: TRAUMA2020,PT2909 S/P MVC

EXAMS:
006497581 RAD PELVIS 1 VIEW

CPT:
72170

- RAD PELVIS 1 VIEW

History: MVC.

Comparison: None.

Findings:

A single AP view of the pelvis is provided without comparison.

There is no evidence of acute fracture or dislocation. The visualized soft tissues are intact.

Impression:

No radiographic evidence of an acute injury in the pelvis.

** Electronically Signed by 314 KRISTIN L REBIK DO **
** on 08/08/2020 at 2110 **

Reported and signed by: KRISTIN L REBIK, DO 314

DICTATED: 08/08/2020 @ 2110

TRANSCRIBED: 08/08/20 @ 2110

TYPIST: RAD.VR

PRINTED: 08/08/2020 @ 2112

E-SIGNATURE DATE/TIME: 08/08/2020 @ 2110 DR.REBKR

BATCH: N/A

PAGE 1

Signed Report

Patient: MILANOVIC, OGNIEN

MRN: E002961401 Encounter: E9900563616

Page 1 of 4
FARMERS MUTUAL_0535

Age/Sex: [REDACTED]
 Unit #: F002961401
 Admitted:
 Status: DEP ER

Attending: Zagar, Stuppello, Giselle MD
 Account #: E9900563616
 Location: E.ERF1
 Room/Bed:

MILANOVIC, OGNIEN

OU Medical Center NHR **Live**
 EVOLUTION PLAN OF CARE HPF

Page: 1

Printed 08/14/20 at 0058

Diagnosis/Goal/Intervention Description								Sts	Directions	From
Activity Type	Occurred Date	Recorded Time	by Date	Time by	Comment	Documented Units	Change			
Activity Date: 08/08/20 Time: 1846										
Diagnosis: Altered Respiratory Function					Altered respiratory function/status related to disease process, physical limitations, surgical procedure and/or trauma.		A			
Create	08/08/20	1846	JM	08/08/20	1846	JM				
Goal: Adequate air exchange with Oxygen sats					>92%, clear and equal breath sounds, pink mucous membranes and nailbeds, respirations regular and unlabored prior to discharge.		A			
Create	08/08/20	1846	JM	08/08/20	1846	JM				
Activity Date: 08/13/20 Time: 1038										
Diagnosis: Altered Respiratory Function					Altered respiratory function/status related to disease process, physical limitations, surgical procedure and/or trauma.		D			
Ed Status	08/13/20	1038	his	08/13/20	1038	his		A => D		
Goal: Adequate air exchange with Oxygen sats					>92%, clear and equal breath sounds, pink mucous membranes and nailbeds, respirations regular and unlabored prior to discharge.		D			
Ed Status	08/13/20	1038	his	08/13/20	1038	his		A => D		
Monogram Initials	Name							Nurse Type		
JM	ERT, JM	MELAIN, JESSICA						RT		
his		automatic by program								

Page: 1

Printed 08/14/20 at 0049

Age/Sex: [REDACTED] Attending: Zagari Stappiello, Giselle MD MILANOVI, OGNJEN
 Unit #: F002961401 Account #: E99900563616
 Admitted: Location: E.TRT OU Medical Center NBR **Live**
 Status: DEP CR Room/Bed: PLN OF CARE HPT

Diagnosis/Goal/Intervention Description						Sts.	Directions	From
Activity Type	Occurred Date	Time	Recorded Date	Time	by Comment	Documented Units	Change	
Activity Date: 08/08/20 Time: 1846								
Diagnosis: Altered Respiratory Function Altered respiratory function/status related to disease process, physical limitations, surgical procedure and/or trauma.						A		
Create	08/08/20	1846 JM	08/08/20	1846 JM				
Goal: Adequate air exchange with Oxygen sats >92%, clear and equal breath sounds, pink mucous membranes and nailbeds, respirations regular and unlabored prior to discharge.						A		
Create	08/08/20	1846 JM	08/08/20	1846 JM				
Activity Date: 08/13/20 Time: 1038								
Diagnosis: Altered Respiratory Function Altered respiratory function/status related to disease process, physical limitations, surgical procedure and/or trauma.						D		
Ed Status	08/13/20	1038 his	09/13/20	1038 his			A => D	
Goal: Adequate air exchange with Oxygen sats >92%, clear and equal breath sounds, pink mucous membranes and nailbeds, respirations regular and unlabored prior to discharge.						D		
Ed Status	08/13/20	1038 his	09/13/20	1038 his			A => D	
Monogram Initials Name Nurse Type								
JM	ERT JM	MELAIN, JESSICA					R1	
his		automatic by program						

Patient: MILANOVI, OGNJEN

MRN: E002961401

Encounter: E99900563616

Page 1 of 4
FARMERS MUTUAL_0536

Patient: MILANOVC, OGNJEN

MRN: E002961401 Encounter: E9900563616

Page 1 of 4
FARMERS MUTUAL_0537

Age/Sex: ■■■
 Unit #: E002961401
 Admitted:
 Status: OEP ER

Attending: Zagari Shapiello, Giselle MD
 Account #: E9900563616
 Location: E.LRFT
 Room/Bed:

MILANOVC, OGNJEN
 OU Medical Center NDR **Live**
 CLINICAL DOCUMENTATION RECORD HPF

Page: 1
 Printed 08/14/20 at 0228

Diagnosis/Goal/Intervention Description							Diagnosis/Goal/Intervention Description						
Activity Type	Occurred Date	Recorded Time by	Recorded Date	Time by	Sis. Directions Documented Units	From Change	Activity Type	Occurred Date	Recorded Time by	Recorded Date	Time by	Sis. Directions Documented Units	From Change
Activity Date: 08/08/20 Time: 1715							Goal: Adequate air exchange with Oxygen sats (continued) to discharge.						
2110550	RT: Assist for 15 minutes +				A	CP	Ed Status	08/13/20 1038 his		08/13/20 1038 his		A => D	
Document 08/08/20 1715 JM 08/08/20 1859 JM							1900700	Evaluate: Respiratory +			D	As needed	CP
Was this a transport of an intubated patient? N							Ed Status	08/13/20 1038 his		08/13/20 1038 his		A => D	
Comment: TRAUMA 2909 MVC							Program Initials Name Nurse Type						
Activity Date: 08/08/20 Time: 1846							DLB	EPC.DLB2		BARRE, DAVID L		PC	
2110550	RT: Assist for 15 minutes +				A	CP	JM	ERT.JM		MCLAIN, JESSICA		RT	
Create 08/08/20 1846 JM 08/08/20 1846 JM							his				automatic by program		
Diagnosis: Altered Respiratory function													
Altered respiratory function/status related to disease process, physical limitations, surgical procedure and/or trauma.													
Create 08/08/20 1846 JM 08/08/20 1846 JM													
Goal: Adequate air exchange with Oxygen sats >92%, clear and equal breath sounds, pink mucous membranes and nailbeds, respirations regular and unlabored prior to discharge.													
Create 08/08/20 1846 JM 08/08/20 1846 JM													
1900700	Evaluate: Respiratory +				A	As needed	CP						
Create 08/08/20 1846 JM 08/08/20 1846 JM													
Activity Date: 08/08/20 Time: 1914													
Patient Notes: PASTORAL CARE NOTES													
Create 08/08/20 1914 DLB 08/08/20 1915 DLB													
Ognjen Milanovic, ■■■ T#2909, Rn#3, level 1 - MVC, no family contact info available, belongings in pt custody													
Note Type Description													
No Type None													
Activity Date: 08/13/20 Time: 1038													
2110550	RT: Assist for 15 minutes +				0	CP	Ed Status	08/13/20 1038 his		08/13/20 1038 his		A => D	
Diagnosis: Altered Respiratory function													
Altered respiratory function/status related to disease process, physical limitations, surgical procedure and/or trauma.													
Ed Status 08/13/20 1038 his 08/13/20 1038 his													
Goal: Adequate air exchange with Oxygen sats >92%, clear and equal breath sounds, pink mucous membranes and nailbeds, respirations regular and unlabored prior													

TRAUMA2020, PT2909
 MR# E002961401 AGE: 36 SEX: M/
 DOB: 01/01/84 ACCT# E99900563616
 ER DOB/08/20
 PCP: Does Not Know
 URN: E2296550
 OJ MEDICAL CENTER

TIME OF REPORT 1700³ / 1704

EMS CREW: EMBA MWC REACT MF AE EM

AGE: 36 SEX: M LEVEL PER EMS: 1

GCS: 14 LOC: + - ETOH: + -

MECHANISM: MVC MCC AUTOPEL ATV FALL
 ASSAULT GSW STAB BULL/COW OIL FIELD

EXTRICATION TIME: _____

INJURIES: 2 ANKLE FX

ONE NECK LAC

SEMI WRECK

VITALS: BP 171/114 HR 147 RR 20 O2SAT 96

ETA: 5-10

TRAUMA2020, PT2909
 MR# E002961401 AGE: 36 SEX: M
 DOB: 01/01/84 ACCT# E99900563616
 ER DOB/08/20
 PCP: Does Not Know
 URN: E2296550
 OJ MEDICAL CENTER

OU MEDICAL CENTER
1200 Everett Drive
Oklahoma City, OK 73104

Name: TRAUMA2020,PT2909
Account Number: E99900563616
Unit Number: E002961401
Room:
Date Of Birth:
Attending Doctor: Zagari Stuppiello,Giselle MD
Date: 08/08/20

Current patient of record information for this document is:

PT2909 TRAUMA2020

PatID: E002961401 Age:
DOB:
Acct#: E99900563616

Report including patient information as it appeared at the time this document was generated and provided to the patient is as follows below.

REPORT NUMBER: 0808-0151

PATIENT NAME: TRAUMA2020,PT2909

ACCOUNT #: E99900563616



Medical Center

OU Medical Center
1200 Everett Dr
Oklahoma City, OK 73104

Patient: PT2909 TRAUMA2020
Date of Birth: [REDACTED]
Physician: Chason Farnell, MD
MR #: E002961401
Account #: E99900563616

General Emergency Department Discharge Instructions

The exam and treatment you received in the Emergency Department were for an urgent problem and are not intended as complete care. It is important that you follow up with a doctor, nurse practitioner, or physician's assistant for ongoing care. If your symptoms become worse or you do not improve as expected and you are unable to reach your usual health care provider, you should return to the Emergency Department. We are available 24 hours a day.

You were treated in the Emergency Department by:
Primary Provider: Chason Farnell, MD

Follow Up Information:

Follow up with your physician as needed. Please call trauma clinic at 405-271-9440 if any concerns.

The Following Instructions Were Selected for You Today: MVA/MVC

MVA/MVC

You were seen today after being in a motor vehicle collision.

After examining you and your medical history, the doctor decided you do not need more testing (like blood tests or x-rays).

After examining you, your medical history and your test results, your doctor decided you do not need to check into the hospital.

You may have more soreness tomorrow, especially in the neck and shoulders. Your body will probably take 2-3 days to adjust to the initial injuries. This is very common after an accident.

Put ice to the area 15 minutes out of every hour to help with swelling and pain. Put some ice cubes in a re-sealable (Ziploc®) bag and add some water. Put a thin washcloth between the bag and the skin. Apply the ice bag to the area for at least 20 minutes. Do this at least 4 times per day. Longer times and more often are OK. NEVER APPLY ICE DIRECTLY TO THE SKIN. If the injury is on your hand, arm, foot or leg, lift it above the level of your heart. This will help with swelling. When lying down, try propping your arm or leg using pillows.

YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT,



8/8/2020 7:52 PM
Page: 1 of 3

Today's Date: 8/8/2020

Patient: PT2909 TRAUMA2020

Date of Birth: [REDACTED]

Account #: E99900563616

IF ANY OF THE FOLLOWING OCCURS:

- Increased neck or back pain together with tingling, loss of feeling, or pain that goes into your arms or legs develops.
- Losing bowel or bladder control (you soil or wet yourself).
- You get short of breath.
- Any fainting (passing out) spells.
- Blood in your urine or stool (poop).
- Pain despite medication.

You had a neck laceration. You have absorbable sutures that do not need to be removed. They will fall out over the next several weeks. You may shower the incision with soap and water. Pat dry. Do not submerge for 2 weeks.

What To Do:

- Take this sheet with you when you go to your follow-up visit.
- If you have any problem arranging the follow-up visit, contact the Emergency Department immediately.
- Take all medications as directed.

Additional Information:

- There are occasions where additional lab tests return - such as a culture result or an X-ray or EKG - is further reviewed after you are discharged. If a change in your diagnosis or treatment is indicated, we will attempt to contact you. It is critical that we have a current phone number for you.
- If you had X-rays done, we can provide you a CD with those X-rays for your review and follow-up.
- Culture results may take 2-3 days. We review many culture results and will attempt to contact you if the results are significant or may change your treatment.

If side effects develop, such as a rash, difficulty breathing, or a severe upset stomach, stop the medication and call your doctor or the Emergency Department.

Preventative Health Instructions:

The care you received in the emergency department has been done on an emergency basis only and is not intended to be a substitute for regular medical care. If your condition or symptoms persist or get worse at any time, you should return to the emergency department if you're unable to contact your own physician. Please understand that although we may not have determined a specific cause of your symptoms today, further evaluation may be necessary. It is important to get a primary care provider (doctor, PA, or nurse practitioner) for follow up as well as ongoing healthcare needs.

The following information is provided for you as education regarding preventative health care and follow up from your



PINS

8/8/2020 7:52 PM

Page: 2 of 3

Today's Date: 8/8/2020

Patient: PT2909 TRAUMA2020

Date of Birth: [REDACTED]

Account #: E99900563616

emergency department visit:

Regular exercise, good diet and adequate fluid intake are very important for general health maintenance. Please discuss these with your primary care doctor to develop a plan specific to your needs.

Tobacco use is a risk factor for multiple serious illnesses. If you use tobacco, please contact the QuitLine at 1-800-QUITNOW (1-800-784-8669) or www.coquitline.org to assist in your efforts to stop using tobacco products.

During your visit today your blood pressure may have been higher than normal. If it was high you should have this rechecked. Follow up with your physician or the referral provider for a recheck within 4 weeks.

Hypertension is a common but serious illness that should be monitored closely.

If thoughts of increased anxiety and sadness prevent you from completing your day to day activities at home or work, please call our 24/7 assessment line at 1-844-556-2012 to speak with an Assessment Specialist. You can also call the Colorado Crisis Hotline at 1-844-493-TALK (8255).

During ER visits many patients receive sedation or medications which may impair your judgement and or make driving, working or operating machinery or even walking hazardous. Some of these medications include diphenhydramine (Benadryl) and medications for anxiety, nausea and pain. Ask your nurse if you have received any sedating medications. If you received any potentially sedating medications, please rest today and do not drive.

I, PT2909 TRAUMA2020, understand the instructions and will arrange for follow-up care.

PATIENT/REPRESENTATIVE SIGNATURE

DATE/TIME

STAFF SIGNATURE

DATE/TIME



PINS

8/8/2020 7:52 PM

Page: 3 of 3

PATIENT NO:	99900563616	OU MEDICAL CENTER	BILLING DATE	PAGE	1	18600
MED REC NO:	2961401	1200 EVERETT DRIVE	08/25/20			
SUARANTOR NO:						
PATIENT:		OKLAHOMA CITY	OK 731045047	ADMITTED		DISCHARGED
MILANOVIC OGNJEN				08/08/20		08/08/20

PAY TO ADDRESS: OU MEDICAL CENTER
P O BOX 277362
ATLANTA
GA 303847362

BILL TO: MILANOVIC OGNJEN
[REDACTED]
[REDACTED]
[REDACTED]

EMERGENCY
ADMIT THRU DISCHARGE CLAIM

FC=99

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
301-LAB/CHEM							
080820	08B157	0736	251230	80053	1	COMP METABOLIC PANEL	827.25
080820	08B157	0736	360026	82150	1	AMYLASE	63.75
080820	08B157	0736	360088	83690	1	LIPASE	88.75
SUBTOTAL:							979.75
302-LAB/IMMUNOLOGY							
080820	08B157	0758	252079	86900	1	ABO TYPE	245.75
080820	08B157	0758	270138	86850	1	ANTIBODY SCREEN EA	350.50
080820	08B157	0758	270051	86901	1	RH TYPE	223.50
SUBTOTAL:							819.75
305-LAB/HEMATOLOGY							
080820	08B157	0736	241745	85027	1	CBC	299.00
080820	08B157	0736	310057	85610	1	PROTIME	228.00
080820	08B157	0736	310071	85730	1	PTT	285.50
SUBTOTAL:							812.50
306-LAB/BACT-MICRO							
080820	08B157	0736	326800	U0002QW	1	SARS-COV-2 COVID-19 AM	195.00
SUBTOTAL:							195.00
307-LAB/UROLOGY							
080820	08B175	0736	251902	81001	1	UA W MICRO AUTO	322.25

PATIENT PORTAL AT WWW.OUMEDICINE.COM/PATIENT-PORTAL
BENEFITS ASSIGNED -TAX ID# 82-1883948

PATIENT NO:	99900563616	OU MEDICAL CENTER	BILLING DATE	PAGE	2	18600
MED REC NO:	2961401	1200 EVERETT DRIVE	08/25/20			
SUARANTOR NO:						
PATIENT:		OKLAHOMA CITY	OK 731045047	ADMITTED		DISCHARGED
MILANOVIC OGNJEN				08/08/20		08/08/20

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
320-DX X-RAY							
						SUBTOTAL:	322.25
080820	08B163	0728	976140		1	XR CONSULT OUTSIDE FIL	.00
080820	08B163	0728	976140		1	XR CONSULT OUTSIDE FIL	.00
080820	08B180	0728	516054	73610RT	1	XR ANKLE 3 + V RT	669.50
080820	08B180	0728	516057	73630RT	1	XR FOOT 3 + V RT	857.75
080820	08B163	0728	972170	72170	1	XR PELVIS 1/2 VIEWS	665.25
SUBTOTAL:							2192.50
324-DX X-RAY/CHEST							
080820	08B163	0728	320303	71045	1	CHEST X-RAY 1V	474.25
SUBTOTAL:							474.25
350-CT SCAN							
080820	08B163	0726	514846	70498	1	CTA NECK	3936.25
SUBTOTAL:							3936.25
351-CT HEAD							
080820	08B163	0726	970450	70450	1	CT HEAD/BRAIN W/O CONT	4039.00
SUBTOTAL:							4039.00
352-CT BODY							
080820	08B163	0726	972125	72125	1	CT C-SPINE W/O CONTRAS	4135.25
080820	08B163	0726	726002	74177	1	CT ABD&PELVIS W/CONT	6879.75
080820	08B163	0726	971260	71260	1	CT CHEST W/CONTRAST	4495.50
SUBTOTAL:							15510.50
450-EMERG ROOM							
080820	11B907	0780	750061	99284	1	EMER DEPT LEVEL 4	2851.25
SUBTOTAL:							2851.25
681-TRAUMA RESPONSE L1							
080820	11B907	0780	750088		1	TRAUMA L1 ACTIVATION	37318.50

PATIENT PORTAL AT WWW.OURMEDICINE.COM/PATIENT-PORTAL
 BENEFITS ASSIGNED -TAX ID# 82-1883948

PATIENT NO:	99900563616	OU MEDICAL CENTER	BILLING DATE	PAGE	3	18600
MED REC NO:	2961401	1200 EVERETT DRIVE	08/25/20			
GUARANTOR NO:						
PATIENT:		OKLAHOMA CITY	OK 731045047	ADMITTED		DISCHARGED
MILANOVIĆ OGNJEN				08/08/20		08/08/20

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
					SUBTOTAL:	37318.50
					TOTAL ANCILLARY CHARGES	69451.50
					TOTAL CHARGES	69451.50
					PAYMENTS	.00
					ADJUSTMENTS	.00
					BALANCE	69451.50

PATIENT PORTAL AT WWW.OUMEDICINE.COM/PATIENT-PORTAL
 BENEFITS ASSIGNED -TAX ID# 82-1883948

PATIENT NO:	99900563616	OU MEDICAL CENTER	BILLING DATE	PAGE	4	18600
MED REC NO:	2961401	1200 EVERETT DRIVE	08/25/20			
GUARANTOR NO:						
PATIENT:		OKLAHOMA CITY	OK 731045047	ADMITTED		DISCHARGED
MILANOVIĆ OGNJEN				08/08/20		08/08/20

DEPARTMENTAL CHARGE SUMMARY		
DEPT	DESCRIPTION	AMOUNT
0726	CAT SCANNING	23,485.75
0728	DIAGNOSTIC RADIOLOGY	2,666.75
0736	CLINICAL/MICRO LAB	2,309.50
0758	BLOOD BANK	819.75
0780	EMERGENCY DEPT PT	40,169.75

REVENUE CHARGE SUMMARY				
REV CD	DESCRIPTION	BILLABLE	NON-BILLABLE	TOTAL
0301	LAB/CHEM	979.75	.00	979.75
0302	LAB/IMMUNOLOGY	819.75	.00	819.75
0305	LAB/HEMATOLOGY	812.50	.00	812.50
0306	LAB/BACT-MICRO	195.00	.00	195.00
0307	LAB/UROLOGY	322.25	.00	322.25
0320	DX X-RAY	2,192.50	.00	2,192.50
0324	DX X-RAY/CHEST	474.25	.00	474.25
0350	CT SCAN	3,936.25	.00	3,936.25
0351	CT HEAD	4,039.00	.00	4,039.00
0352	CT BODY	15,510.50	.00	15,510.50
0450	EMERG ROOM	2,851.25	.00	2,851.25
0681	TRAUMA RESPONSE L1	37,318.50	.00	37,318.50

TOTAL CHARGES:	69,451.50
TOTAL PAYMENTS:	.00
TOTAL ADJUST:	.00

FINAL**Billing Summary PCR**

Company: EMSA-Western Division

Outcome: Transported

Billing Run Number: 20135451

CAD Response Number: 20177007

Master Inc. Num: 20-W-156077

Date of Service: 08/08/2020

Patient Name: MILANOVIC, OGNJEN

Billing Summary**DEMOGRAPHICS**

Date: 8/8/2020

Name: MILANOVIC, OGNJEN

Pt Phone: (000) 000-0000 Ext.

DOB: [REDACTED]

Next of Kin:

NOK Phone:

Sex: [REDACTED]

Relationship:

Weight: 170 lbs (77.11 kgs)

SSN: 000-00-0000

Ethnicity:

Height: 5.10

Home Address

Mailing Address

Pick-up Location

Destination

OU MEDICAL CENTER
700 NE 13TH ST
OKLAHOMA CITY, Oklahoma, OK
73104**PAYORS****DISPATCH DATA**

Call Type: ALS

Resp Priority: 1-Emer Life Threat

Scene Odom:

No of Patients: 0

Dest Odom:

Outcome: Transported

Billing Miles: 12.9

Nature: Traffic/Trans. Acc. FR

Determinant: 29D03U

Response Zone: Oklahoma City 2

Vehicle: 390

Dispatch Times

Dispatch: 16:20:50 08-08-20

En route: 16:20:55 08-08-20

At scene: 16:30:10 08-08-20

At patient: 16:31:00 08-08-20

Transport: 16:50:05 08-08-20

At dest: 17:10:44 08-08-20

Medical Necessity

PT Moved to Cot Via: Spine Board

Stretcher Necessity: AMS

Status at destination:

PT Bed Confinement: No

MEDICAL / CLINICAL

FINAL**Patient Care Report****EMSA-Western Division**

1417 N LANSING AVE
TULSA, Oklahoma, OK, 74106-5906
(405) 297-7100 Ext.

CAD Response Number: 20177007

CAD Master Incident Number: 20-W-156077

Billing Run Number: 20135451

Date of Service: 08/08/2020

Patient Name: MILANOVIC, OGNJEN

Sex : [REDACTED]

DOB : [REDACTED]

Narrative: C- MVA

H- EMSA was dispatched for reports of a semi vs house. Arrived on scene to find a semi facing northeast in the ditch of the John Kilpatrick Turnpike. Duplex is noted to be destroyed, tracks in the ground show to be coming from the southbound lanes of the turnpike, through the duplex, and around to where the semi is resting. Semi is noted to have severe front end damage w/ large amounts of debris in the vehicle. Pt is noted to be a [REDACTED] sitting in the driver seat of the semi who appears to be unrestrained. Pt is noted to be A&Ox2. Pt is noted to have a 1in laceration to his left neck w/ controlled bleeding. Abrasions noted to R ankle w/ possible closed fx. Pt is unaware that he has been in an accident. C-collar was applied to the Pt. Pt was placed on a LSB. LSB taken to stretcher, stretcher taken to ambulance. 18G IV established in the L AC w/ saline lock. Pt became slightly combative and attempted to refuse transport to the ER. Due to AMS Pt was being transported under implied consent. OCFD assisted EMSA during transport. Began emergent transport to OU Medical Center. Pt condition and vitals monitored throughout transport w/ no change in condition. Trauma alert was issued to OU Medical Center. Arrived at OU Medical Center. Pt taken to Trauma 3, transferred to hospital bed via LSB. Report given to Trauma team.

A- GCS 14, A&Ox2, skin pink warm and dry, pupils PERRL, unknown LOC, retrograde amnesia, no JVD, no tracheal deviation, 1in laceration noted to L neck, chest wall stable w/ equal rise and fall, lung sounds clear and equal bilaterally, abdomen soft non-tender, pelvis stable, upper and lower extremities symmetrical w/ good range of motion, abrasions and possible closed fx to R ankle. No other trauma noted.

R- C-collar, LSB, 18G IV established in the L AC w/ saline lock, trauma alert.

T- Emergent transport to OU Medical Center. Pt condition and vitals monitored throughout transport w/ no change in condition. Arrived at OU Medical Center. Pt taken to Trauma 3, transferred to hospital bed via sheet method, report given to Trauma team. RN signed in place of Pt due to AMS and critical injuries.

PATIENT COMPLAINTS**Chief Complaint**

Trauma - MVA (Primary)
10 Minutes

Anatomic Location

General/Global

Organ System

Global/General

Primary Symptom

Amnesia

Other Associated Symptoms

Hemorrhage (1); or Bleeding (2)

Altered mental status

Last Oral Intake**Medical Hx Obtained From****IMPRESSIONS**

Primary Impression: Injury

Secondary Impression: Intracranial Injury

FINAL**Patient Care Report****EMSA-Western Division**

1417 N LANSING AVE
TULSA, Oklahoma, OK, 74106-5906
(405) 297-7100 Ext.

CAD Response Number: 20177007
CAD Master Incident Number: 20-W-156077
Billing Run Number: 20135451
Date of Service: 08/08/2020

Patient Name: MILANOVIC, OGNJEN

Sex : [REDACTED]

DOB : [REDACTED]

VITAL SIGNS

Time	PTA	BP	Pulse	Monitor Rate	Respiratory	SPO2	EtCO2	Glucose	GCS
08/08/2020 16:44:24	No	155/111	161, Automat ed Cuff	<None>	<None>				E4 + V4 + M6 = 14
Level of Consciousness: Alert;									
Taken by Meadows, Dakota									
08/08/2020 16:45:00	No	0	<None>	<None>	<None>				
Cardiac Rhythm=Sinus Tachycardia									
Taken by Meadows, Dakota									
08/08/2020 16:52:00	No	186/120	174, Automat ed Cuff	<None>	<None>	97%			
Taken by									
08/08/2020 16:53:21	No	178/110	165, Automat ed Cuff	<None>	<None>	96%			
Taken by									
08/08/2020 17:02:23	No	171/114	148, Automat ed Cuff	<None>	<None>	95%			E4 + V4 + M6 = 14
Level of Consciousness: Alert;									
Taken by Meadows, Dakota									

Transported On: Supine - Stretcher, Stairchair**Interventions**

2020-08-08 16:34:00	Extrication	Time (Minutes)=3, Agency=Fire Department
2020-08-08 16:36:00	Spinal Immobilization	Monitored and Evaluated by During Patient Care=EMSA Paramedic, Response=Unchanged, Complication=None, Size of Procedure Equipment=Adult, Number of Attempts=1, Successful=Yes, Type=CCollar-Adult
2020-08-08 16:39:00	Patient position	Size of Procedure Equipment=Adult, Complication=None, Response=Unchanged, Monitored and Evaluated by During Patient Care=EMSA Paramedic, Number of Attempts=1, Successful=Yes, Type=Long Spine Board, Response=Unchanged, Successful=Yes, # of Attempts=1, Safety Restraint/Belts Utilized=5 Point Harness (EMS Cot), Patient Transported On=EMS Cot, Patient Position=Supine
2020-08-08 16:45:00	Attach Cardiac Monitor	Procedure Successful=Successful, Monitored and Evaluated by During Patient Care=EMSA Paramedic, Complication=None, Cardiac Rhythm=Sinus Tachycardia, ECG Type=4 Lead, Method of Interpretation=Manual Interpretation, # of Attempts=1
2020-08-08 16:48:00	IV/IO	IV/IO Site=Antecubital-Left, Solution=Saline Lock, Size=18 G, Response=Unchanged, Procedure Successful=Successful, Number of Attempts=1, Monitored and Evaluated by During Patient Care=EMSA Paramedic, Complication=None
2020-08-08 16:59:00	Hospital Activation	Activation Type=Trauma (General)

FINAL**Patient Care Report****EMSA-Western Division**

1417 N LANSING AVE
TULSA, Oklahoma, OK, 74106-5906
(405) 297-7100 Ext.

CAD Response Number: 20177007

CAD Master Incident Number: 20-W-156077

Billing Run Number: 20135451

Date of Service: 08/08/2020

Patient Name: MILANOVIC, OGNJEN

Sex : [REDACTED]

DOB : [REDACTED]

SIGNATURES

Time	Type	Who signed	Why patient did not sign
08/08/2020 17:15:05	Facility Acceptance	Nurse (RN) - RN, Melissa	Not Signed - Critically Ill or Injured Patient

X

I am a representative of the institution named below. I certify that our institution has furnished or will furnish care or other services to the above-named patient. In the event the patient or another authorized representative cannot sign this report, I hereby sign on the patient's behalf to permit EMSA to submit a claim for its services to Medicare. My signature is not an acceptance of financial responsibility for the patient. Further, I am signing this to acknowledge that the patient and pertinent information about the patient was received by our institution pursuant to Oklahoma State Department of Health Regulations 310:641-3-63 1.B

Witness 1:

Dakota Meadows

X

08/08/2020 17:27:54	Crew Member Certification	Crew Member #1 - Meadows, Dakota	Not Signed - Critically Ill or Injured Patient
---------------------	---------------------------	----------------------------------	--

I, Dakota Meadows, attest that the patient, was unable to sign consent for treatment and transport due to the reason listed above.

X

PCR begins on next page...

FINAL**Patient Care Report****EMSA-Western Division**

1417 N LANSING AVE
TULSA, Oklahoma, OK, 74106-5906
(405) 297-7100 Ext.

CAD Response Number: 20177007
CAD Master Incident Number: 20-W-156077
Billing Run Number: 20135451
Date of Service: 08/08/2020

Patient Name: MILANOVIC, OGNJEN

Sex : [REDACTED]

DOB : [REDACTED]

NARRATIVE**C- MVA**

H- EMSA was dispatched for reports of a semi vs house. Arrived on scene to find a semi facing northeast in the ditch of the John Kilpatrick Turnpike. Duplex is noted to be destroyed, tracks in the ground show to be coming from the southbound lanes of the turnpike, through the duplex, and around to where the semi is resting. Semi is noted to have severe front end damage w/ large amounts of debris in the vehicle. Pt is noted to be a [REDACTED] sitting in the driver seat of the semi who appears to be unrestrained. Pt is noted to be A&Ox2. Pt is noted to have a 1in laceration to his left neck w/ controlled bleeding. Abrasions noted to R ankle w/ poss ble closed fx. Pt is unaware that he has been in an accident. C-collar was applied to the Pt. Pt was placed on a LSB. LSB taken to stretcher, stretcher taken to ambulance. 18G IV established in the L AC w/ saline lock. Pt became slightly combative and attempted to refuse transport to the ER. Due to AMS Pt was being transported under implied consent. OCFD assisted EMSA during transport. Began emergent transport to OU Medical Center. Pt condition and vitals monitored throughout transport w/ no change in condition. Trauma alert was issued to OU Medical Center. Arrived at OU Medical Center. Pt taken to Trauma 3, transferred to hospital bed via LSB. Report given to Trauma team.

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R- C-collar, LSB, 18G IV established in the L AC w/ saline lock, trauma alert.

T- Emergent transport to OU Medical Center. Pt condition and vitals monitored throughout transport w/ no change in condition. Arrived at OU Medical Center. Pt taken to Trauma 3, transferred to hospital bed via sheet method, report given to Trauma team.
RN signed in place of Pt due to AMS and critical injuries.

IMPRESSIONS

Primary Impression: Injury

Secondary Impressions: Intracranial Injury

ASSESSMENT**ETOH/Drug use:**

None Reported

08/08/2020 16:31:00 By: Meadows, Dakota

Body Area	Assessments and Comments	Body Area	Assessments and Comments
Airway	Patent	Breathing	Normal Respirations
Circulation	Pulses - Radial - Weak (1+)	Blood/Fluid Loss	1 - 50 ML
Neck	Bleeding Controlled : Laceration	External/Skin	Normal
Mental Status	Confused : Oriented-Person : Oriented-Time	Neurological	Cerebellar Function-Abnormal : Gait-Normal : Speech Normal : Strength-Normal : Strength-Symmetric
Right Ankle	Bleeding Controlled : Fracture-Closed		

08/08/2020 17:02:00 By: Meadows, Dakota

Body Area	Assessments and Comments	Body Area	Assessments and Comments
Airway	Patent	Breathing	Normal Respirations
Circulation	Pulses - Radial - Weak (1+)	Blood/Fluid Loss	1 - 50 ML
Neck	Bleeding Controlled : Laceration	External/Skin	Normal
Mental Status	Confused : Oriented-Person : Oriented-Time	Neurological	Cerebellar Function-Abnormal : Gait-Normal : Speech Normal : Strength-Normal : Strength-Symmetric
Right Ankle	Bleeding Controlled : Fracture-Closed		

PATIENT COMPLAINTS**Chief Complaint**

Trauma - MVA (Primary)

10 Minutes

Anatomic Location

FINAL**Patient Care Report****EMSA-Western Division**

1417 N LANSING AVE
TULSA, Oklahoma, OK, 74106-5906
(405) 297-7100 Ext.

CAD Response Number: 20177007
CAD Master Incident Number: 20-W-156077
Billing Run Number: 20135451
Date of Service: 08/08/2020

Patient Name: MILANOVIC, OGNJEN

Sex : [REDACTED]

DOB : [REDACTED]

General/Global

Organ System

Global/General

Primary Symptom

Amnesia

Other Associated Symptom:

Hemorrhage (1); or Bleeding (2)

Altered mental status

Last Oral IntakeMedical Hx Obtained From**HISTORY**Past Medical History

None Reported

Allergies

No Known Drug Allergy

No Known Environmental/Food
Allergies

Medications

None Reported

TREATMENT SUMMARY

<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Authorized by</u>	<u>Comments</u>
2020-08-08 16:34:00	No	Extrication	Fire Department	Protocol (Standing Order)	
		<u>Complication</u>	<u>Complication Narrative</u>		

Agency=Fire Department

Time (Minutes)=3

<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Authorized by</u>	<u>Comments</u>
2020-08-08 16:36:00	No	Spinal Immobilization	Meadows, Dakota	Protocol (Standing Order)	
		<u>Complication</u>	<u>Complication Narrative</u>		

Complication=None

Monitored and Evaluated by
Dur=EMSA Paramedic

Number of Attempts=1

Response=Unchanged

Size of Procedure Equipment=Adult

Successful=Yes

Type=CCollar-Adult

<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Authorized by</u>	<u>Comments</u>
2020-08-08 16:39:00	No	Patient position	Patient	Protocol (Standing Order)	
		<u>Complication</u>	<u>Complication Narrative</u>		

of Attempts=1

Complication=None

Patient Position=Supine

Patient Transported On:=EMS Cot

Response=Unchanged

Safety Restraint/Belts Utilize=5 Point
Harness (EMS Cot)

Successful=Yes

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CAD Master Incident Number: 20-W-156077
Billing Run Number: 20135451
Date of Service: 08/08/2020

Patient Name: MILANOVIĆ, OGNJEN

Sex : [REDACTED]

DOB : [REDACTED]

TREATMENT SUMMARY CONTINUED

<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Authorized by</u>	<u>Comments</u>
2020-08-08 16:39:00	No	Spinal Immobilization	Meadows, Dakota	Protocol (Standing Order)	
<u>Complication</u>		<u>Complication Narrative</u>			
Complication=None		Monitored and Evaluated by Dur=EMSA Paramedic		Number of Attempts=1	
Response=Unchanged		Size of Procedure Equipment=Adult		Successful=Yes	
Type=Long Spine Board					
<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Authorized by</u>	<u>Comments</u>
2020-08-08 16:45:00	No	Attach Cardiac Monitor	Meadows, Dakota	Protocol (Standing Order)	
<u>Complication</u>		<u>Complication Narrative</u>			
# of Attempts=1		Cardiac Rhythm=Sinus Tachycardia		Complication=None	
ECG Type=4 Lead		Method of Interpretation=Manual Interpretation		Monitored and Evaluated by Dur=EMSA Paramedic	
Procedure Successful=Successful					
<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Authorized by</u>	<u>Comments</u>
2020-08-08 16:48:00	No	IV/IO	EMSA Field Operations Supervisor	Protocol (Standing Order)	
<u>Complication</u>		<u>Complication Narrative</u>			
Complication=None		IV/IO Site=Antecubital-Left		Monitored and Evaluated by Dur=EMSA Paramedic	
Number of Attempts=1		Procedure Successful=Successful		Response=Unchanged	
Size=18 G		Solution=Saline Lock			
<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Authorized by</u>	<u>Comments</u>
2020-08-08 16:59:00	No	Hospital Activation	Meadows, Dakota	Protocol (Standing Order)	
<u>Complication</u>		<u>Complication Narrative</u>			
Activation Type=Trauma (General)					

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CAD Response Number: 20177007

CAD Master Incident Number: 20-W-156077

Billing Run Number: 20135451

Date of Service: 08/08/2020

Patient Name: MILANOVIC, OGNJEN

Sex : [REDACTED]

DOB : [REDACTED]

VITAL SIGNS

Time	PTA	BP	Pulse	Monitor Rate	Respiratory	SPO2	EtCO2	Glucose	GCS
08/08/2020 16:44:24	No	155/111	161, Automated Cuff		<None>				E4 + V4 + M6 = 14
Level of Consciousness: Alert;									
Taken by	Meadows, Dakota								
08/08/2020 16:45:00	No	0	<None>		<None>				
Cardiac Rhythm=Sinus Tachycardia									
Taken by	Meadows, Dakota								
08/08/2020 16:52:00	No	186/120	174, Automated Cuff		<None>	97%			
Taken by									
08/08/2020 16:53:21	No	178/110	165, Automated Cuff		<None>	96%			
Taken by									
08/08/2020 17:02:23	No	171/114	148, Automated Cuff		<None>	95%			E4 + V4 + M6 = 14
Level of Consciousness: Alert;									
Taken by	Meadows, Dakota								

CREW INFO	RESPONSE INFO	DISPOSITION	TIMES
Vehicle 390	Med/Trauma	Type of Service: 911 Response (Scene)	Recvd: 16:20:30 08-08-20
Primary Role Ground Transport		Outcome: Transported	Dispatch: 16:20:50 08-08-20
Crew #1 ID Meadows, Dakota	Resp Priority 1-Emer Life Threat	Destination: OU MEDICAL CENTER 700 NE 13TH ST OKLAHOMA CITY, Oklahoma, OK 73104	En Route: 16:20:55 08-08-20
Crew #1 Role Primary Patient Caregiver-At Scene	Nature Of Call Traffic/Trans. Acc. FR		At Scene: 16:30:10 08-08-20
Crew #1 Level EMT-Paramedic	EMD Performed Yes, With Pre-Arrival Instructions		At Patient: 16:31:00 08-08-20
Crew #2 ID Green, Austin	MPDS Determinant 29D03U	Dest. Reason: Protocol	Transport: 16:50:05 08-08-20
Crew #2 Role Driver/Pilot-Response	Location [REDACTED]	Dest. Type:	At Dest: 17:10:44 08-08-20
Crew #2 Level EMT-Basic		Transport Miles: 12.9	In Service: 17:40:34 08-08-20
Crew #3 ID	Pt. Found Vehicle	Cond at Dest:	
Crew #3 Role	No of Patients 0	Barriers to Care: Altered Mental Status	
Crew #3 Level	Possible Injury Yes	Pt. Transported: Supine - Stretcher, Stairchair	
Assisted By OCFD	Scene Delay None/No Delay	Trans. Delay: None	
	Sending Fac Med Rec No	Dest Delay: None/No Delay	
	Protocols Used 10A Head/Neck/Spine Injury - Adult and Pediatric 10G - Extremity/Amputation Injury - Adult and Pediatric	Dest Fac Med Rec No: E002961401	
		Recv Doctor:	

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Billing Run Number: 20135451

Date of Service: 08/08/2020

Patient Name: MILANOVIC, OGNJEN

Sex : [REDACTED]

DOB : [REDACTED]

PATIENT INFORMATION

Name	MILANOVIC, OGNJEN	Phone	(000) 000-0000 Ext.	Home Country	United States
SSN	000-00-0000	DOB	[REDACTED]	Home Addr.	[REDACTED]
Sex	[REDACTED]	Weight	170 lbs (77.11 kgs)		
Race	White	Height	5.10		
Ethnicity		Emergency Info Form		Mailing Addr.	
Broselow/ Luten Color		DL Info			
		Advanced Directives	None		
				Doctor:	

PATIENT BELONGINGS TRANSPORTED

Personal Belongings Transported Wallet/purse

Other Personal Belongings Transported

Personal Belongings Left With Medical Staff

NEXT OF KIN

Name	Phone	Relationship
SSN	DOB	
Sex	Home Addr.	

INSURANCE

no insurance information entered

TRAUMA

MVA Details : Row Location : 1 Position : Front Seat-Left Side (or motorcycle driver) Height of Fall:

Trauma

MVA - Damage - Main Area of
Impact - Rear Passenger Quarter
Panel

Cause of Injury

MVC-Heavy Duty Vehicle Injury
(Occupant)

Mechanism of injury

Blunt

TRAUMA SCORES

17:27 **Revised Trauma Score** **Overall Score: 12**
 Glasgow Coma Score: 13 - 15 [4], Score = 4 Respiratory Rate: 10 - 29 per minute [4], Score = 4
 Systolic Blood Pressure: >89 mm Hg [4], Score = 4
 Comments:

MISCELLANEOUS

Trauma Registry ID:	Pat ID Band/Tag #:
PD Case Number:	Fire Inc Report #:

Medical Necessity

PT Moved to Cot Via: Spine Board
 Stretcher Necessity: AMS
 PT Bed Confinement: No

SIGNATURES

Time	Type	Who signed	Reason Pt. Unable To Sign Consent
08/08/2020 17:15:05	Facility Acceptance	Nurse (RN) - RN, Melissa	Not Signed - Critically Ill or Injured Patient

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Billing Run Number: 20135451

Date of Service: 08/08/2020

Patient Name: MILANOVIC, OGNJEN

Sex : [REDACTED]DOB : [REDACTED]X Witness 1:

Dakota Meadows

I am a representative of the institution named below. I certify that our institution has furnished or will furnish care or other services to the above-named patient. In the event the patient or another authorized representative cannot sign this report, I hereby sign on the patient's behalf to permit EMSA to submit a claim for its services to Medicare. My signature is not an acceptance of financial responsibility for the patient. Further, I am signing this to acknowledge that the patient and pertinent information about the patient was received by our institution pursuant to Oklahoma State Department of Health Regulations 310:641-3-63 1.B

X 

08/08/2020 17:27:54 Crew Member Certification

Crew Member #1 - Meadows, Dakota

Not Signed - Critically Ill or Injured Patient

I, Dakota Meadows, attest that the patient, was unable to sign consent for treatment and transport due to the reason listed above.

X **CREW INFORMATION**Start Date/Time : 08/08/2020 06:15

Crew # Name
7208 Meadows, Dakota

Crew # Name
7061 Green, Austin

License: EMT P-74725
Level: EMT-Paramedic

License: EMT - 77346
Level: EMT-Basic

X X **CARDIAC ARREST**Cardiac Arrest

No

Arrest EtiologyResuscitation AttemptedInitial CPRArrest Witnessed byFirst Monitored RhythmSpontaneous Circulation

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CAD Master Incident Number: 20-W-156077

Billing Run Number: 20135451

Date of Service: 08/08/2020

Patient Name: MILANOVIC, OGNJEN

Sex : [REDACTED]DOB : [REDACTED]Discontinued ReasonRhythm at DestinationTherapeutic HypothermiaTime of Cardiac ArrestCPR Provided Prior to EMAED Used Prior to EMS CaEND OF CARDIAC ARREST EVAED Used ByCPR Provided ByWho First Initiated CPRWho First Applied the AEWho First Defibrillated

*Times have been adjusted by the system.

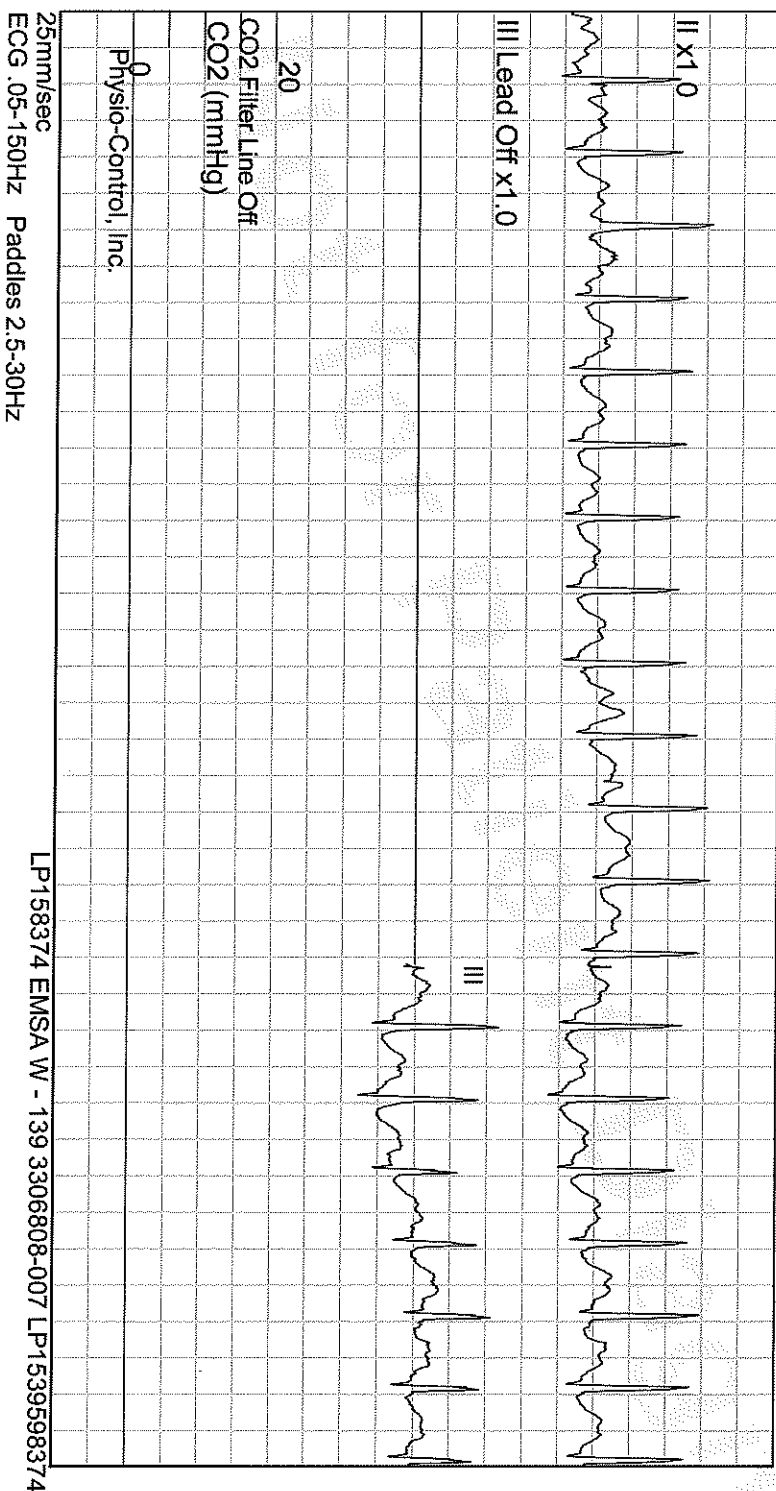
Initial Rhythm

Incident ID: 2020080816421400-LP158374
 Patient ID: 2020080816421400-LP1539598374
 Patient Name:
 Power On: 8/8/2020 16:42:14
 Speed/Size: 25mm/sec / x1.0

Device Type: LP15
 Device ID: LP158374
 Device Serial Number: LP1539598374
 Device Configuration: 2LJ55RO402BPOV
 Software Version: 3306808-007

Name: ID: 080820164214 Initial Rhythm 4:42:50 PM
 Patient ID:
 Incident ID:
 Location:
 Age: 8/8/2020 Sex:

▼ Initial Rhythm



LP158374 EMSA W - 139 3306808-007 LP1539598374

FARMERS MUTUAL 0558

EMSA

PO Box 803895

Kansas City, Missouri 64180-3895

(405) 297-7110

Patient name: MILANOVIC, OGNJEN**Run Number:** 20-20135451**Incident number:** 20177007**Date of call:** 8/8/2020**Time of call:** 16:30**From:** [REDACTED]**To:** OU MEDICAL CENTEROGNJEN MILANOVIC
[REDACTED]
[REDACTED]**Primary payer:** Bill Patient**Secondary payer:**

Description	Payer	Check #	Quantity	Unit Price	Payment Date	Amount
Emergency Base Rate			1	\$1,300.00		\$1,300.00
Mileage			13	\$19.00		\$247.00
Write-off Bad Debt	Bill Patient	08/31/22 W 2ND PL			10/20/2022	\$1,300.00
Write-off Bad Debt	Bill Patient	08/31/22 W 2ND PL			10/20/2022	\$247.00

\$0.00

DETACH ALONG LINE AND RETURN STUB WITH YOUR PAYMENT THANK YOU

Patient name: MILANOVIC, OGNJEN**Run Number:** 20-20135451**Current date:** 1/26/2023**AMOUNT
ENCLOSED:**

\$ [REDACTED]

Due on: 02/05/2023
REMIT TO: EMSA
 PO Box 803895
 Kansas City, Missouri 64180-3895

FARMERS MUTUAL_0559